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09-CV-4874 1:5 091-88-5231 7:21			

EXHIBIT G

JDJ:JM
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
RITA BAYTSAYEVA,
Plaintiff,

EXPERT RESPONSE
PURSUANT TO
RULE 26

-against-

09-CV-4874

MAKSIM SHAPIRO, SVETLANA ZIS,
HONDA LEASE TRUST, HONDA CORPORATION,
Defendants.
-----X

S I R S :

PLEASE TAKE NOTICE that defendants by their attorneys hereby
reserve the right to call the following expert witness herein:

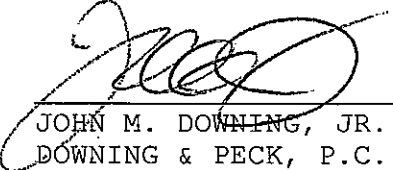
Jerome Block, M.D.
130 East 77th Street
New York, New York 10075-1851

Dr. Block is Board Certified in the field of neurology. It is
expected that Dr. Block will testify *inter alia* that the plaintiff did
not sustain the injuries claimed in the bills of particulars and
responses to interrogatories, that the plaintiff did not need any medical
attention and that the plaintiff is not disabled in any way.

It is expected Dr. Block will testify *inter alia* in accordance with
all of the films and records that he reviewed and in accordance with the
May 4, 2010 nine-page report, copy of which is annexed hereto and made
a part hereof.

Dr. Block's curriculum vitae is annexed hereto and made a part
hereof.

Dated: New York, New York
July 26, 2010


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May 4, 2010

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Law Offices of Downing and Peck
5 Hanover Square 20th Floor
New York, New York 10004

RE: RITA BAYTSAYEVA VS SHAPIRO, ETC.

DOI: 1/4/08

Dear Counselor:

The above named 48-year-old right-handed woman was seen for purposes of neurologic consultation today. I was not previously told nor did Ms. Baytsayeva inform me that her legal representative was to join us. The consultation therefore was started promptly, at the appointed hour of 10:45 a.m. We were joined by her legal representative at 11:12 a.m. Throughout the remainder of the evaluation that representative, Cathy Otero, was in attendance. I informed Ms. Otero that I had obtained a history and had just started the "hands on" physical examination.

I received a history from the claimant that she was injured on 01/04/08 when, working as a home health aide, she was escorting her client across a street. The client apparently was slow moving, requiring a walker. Ms. Baytsayeva indicates that she was struck from behind by a mini van. Impact was to her right side. She then fell backwards to the ground. She had a brief period in which she is uncertain of events, probably lasting several seconds. She does not believe that she was unconscious but merely surprised or stunned. She indicates that there was generalized pain in her head. She was uncertain of any other areas of pain.

Ambulance was summoned and she was transported to Lutheran Medical Center in Brooklyn. There was some mild bleeding from laceration or abrasion in the back of her head. This did not require sutures but was cleansed at the hospital. She was examined and had either CT scan or MRI of her head. She was informed that there was no intracranial injury or skull fracture and that there was no problem requiring her to be admitted to hospital. She continued to have headache, nausea and some vomiting. She adds that at the time of impact there was "black

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DOI: 1/4/08

vision" which lasted for several seconds, I believe this was the period of time during which she was uncertain of her surroundings.

Within a few days of discharge from the hospital we consulted with her private physician because of persistent headache, generalized back and right shoulder pain in particular. She indicates, however, that there were generalized pains throughout her trunk and limbs. She used a variety of medications taken by mouth, primarily propoxyphene. She also had injections into her lower back. She is uncertain if those injections were trigger point, facet joint blocks, epidural steroid injections or otherwise. She has been placed on Lyrica to combat a condition diagnosed as fibromyalgia. She does note that if she uses propoxyphene three times a day there is no back pain. If she does not take this medication she notes mild to moderate back pain which rapidly dissipates with rest and with use of that medication.

She indicates that she has strong thumping headaches with pounding in both ears and occasional generalized headaches. There is sometimes a yellowish discharge from the ears. This problem occurs approximately twice a week and lasts all day. She is unaware of any precipitating event except to remark more than once that if she has to yell at a 17 and 18 year-old children headaches will rapidly ensue.

She requires Ambien for sleep. She requires diazepam for anxiety. She apparently uses diazepam once or twice a day as "so many things" cause anxiety. She offers no other neurologic complaints expressed spontaneously. Only on careful review of systems she reports that after prolonged dish washing and/or prolonged exercising she has brief periods of numbness of her palms, not fingers, and toes.

She remarks that she has been unable return to work since the accident. She indicates that she has always been active and athletic. There have never been any significant medical problems or injuries aside from the fact that many years ago she was told of some thyroid dysfunction. She states it has not given her any problem for years.

She was appropriately disrobed and gowned for purposes of neurologic evaluation. Throughout the interview and examination

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May 4, 2010

RE: RITA BAYTSAYEVA VS SHAPIRO, ETC.

DOI: 1/4/08

she is alert, well oriented, and cooperative. Her affect is somewhat flat. She has normal fluency with good command of English. She is certainly aware of the American political situation and changes in her native country of Russia. Her general knowledge was above average. There is no evidence of aphasia or paraphasia. Her speech is goal oriented. There is no defect in attention.

I examined her cranial nerves. The II through XII cranial nerves are normal on direct examination. Cranial nerve I is normal by history.

Sensation was tested using pinprick, light touch, cool thermal, vibratory and position stimulation. She appreciates all of these stimuli normally throughout.

Motor system examination reveals normal strength, tone, muscle bulk, gait, balance ability to walk on heels and toes alone, coordination and all cerebellar tests. She does not report pain in response to manual muscle testing in any area.

Her deep tendon reflexes are symmetrical at 1+ levels at triceps, biceps, radial, hamstring and ankles. They are symmetrical at 2+ level at the knees. No pathologic reflexes are noted.

Incidental to the neurologic examination and because of statement that there is occasional yellow discharge from the ears, I performed an otoscopic examination. I noticed nothing unusual.

With bilateral straight leg raising at 90 degrees she reports some mild ache in the popliteal space of either leg. Her spinal curvatures are well preserved. She showed full and painless cervical and lumbar ranges of motion except for report of discomfort with full lumbar extension. I find no evidence of paravertebral muscle spasm, trigger points, elicitable Tinel's sign over the superficial nerves, pain over sciatic nerves, notches or brachial plexii. Function of the autonomic nervous system is entirely normal as is remainder of the neurological examination.

I reviewed documents forwarded. In a Response to Interrogatory it is stated that she suffered back, head, neurologic, whole

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May 4, 2010

RE: RITA BAYTSAYEVA VS SHAPIRO, ETC.

DOI: 1/4/08

body disabling and permanent injuries. She is unable to enjoy life, attend to family functions, everyday chores, and cannot cook. She must eat substandard frozen foods. She is unable to clean her apartment, bake desserts, sleep peacefully and has become forgetful. Her eyesight is impaired. Cognitive function is reportedly impaired. It is stated that she suffered from a concussion and all the above have caused inability to work. She is suffering from dizziness, headaches, concentration problems, inability to think clearly or cogently, loss of short and long term memory and depression. It is further indicated that she has cervical strain with exacerbation of preexisting degenerative changes. She has low back strain with evidence of disc herniation to the left at L1-L2. MRI of the brain obtained in February 2009 reportedly showed nonspecific white matter changes. Additional allegations include tenderness, tight bands, osteopathic somatic dysfunction of the cervical spine, right leg pain, back stiffness with pain generally at a level of 6 or 7 grades of intensity. Intermittent vertigo continues. She suffers from fibromyalgia with numbness and tingling of the hands, weakness and headache, musculoskeletal pain, blurred vision, tinnitus, night sweats, weight gain, chest pain and anxiety. She has required multimodality physical therapy because of brachial neuritis or radiculitis. There is pain throughout the spinal column.

Dr. Levinson performed initial physiatric consultation at Downtown Physical Medicine and Rehabilitation on 06/22/2009. She reported having neck and low back pain since 01/04/2008 when she was struck by a car and fell backwards injuring neck, back and head. She reported loss of consciousness but was uncertain of the duration of same. She has been under the care of a neurologist, psychiatrist and internist. She has multiple x-rays of face, lumbar spine, head, MRIs of head, cervical spine and lumbar region. Pain is unchanged since the date of accident, approximately one and a half years prior to this initial consultation. Sleep is disturbed. She has had difficulty falling asleep but she does not wake up during the night. She requires medication for sleep. Medication she used at that time included Lyrica and Lexapro. On examination she was able to rise and sit without assistance. She was walking without aids. Heel and/or toe walking were normal. There is normal cervical lordosis with decreased range of motion but no report of cervical pain. There was bilateral upper trapezius tenderness. Doctor indicates that muscle testing in the cervical spine was

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RE: RITA BAYTSAYEVA VS SHAPIRO, ETC.

DOI: 1/4/08

"decreased." I am uncertain of the meaning of that statement. Muscle and joint testing throughout the upper extremities and neurologic examination of the upper extremities, including motor, sensory and reflex systems, proved to be normal. Lumbar curvature was preserved but range of motion was decreased as was muscle testing with bilateral paralumbar muscle tenderness and spasm. She had difficulty rising to a neutral position, presumably from a flexed position. Lumbar rhythm was normal as was bilateral sacroiliac mobility. Straight leg raising was bilaterally normal to 80 degrees. Neurologic examination of the lower extremities proved to be normal. Impression was of traumatic cervical and lumbar spine pain syndromes with "head strike." She was advised to continue using VESIV, continue to see the neurologist, continue her home exercise program and try Tramadol for control of symptoms. Dr. Levinson opined that she is moderately disabled. On 06/22/2009, there is documentation of functional range of motion and muscle testing with conclusion that there was some evidence of restricted motion with decreased strength at the 5- level in the cervical region and in the lumbar region.

Dr. Levinson reports in followup evaluation on 07/24/2009 that she continues to complain of head and back pain. She tried to go back to work but could not tolerate sitting for long periods. She had some relief with use of Tramadol which caused nausea. Doctor indicates that there is spasm and tenderness in the paraspinal muscles in the cervical and lumbar region with limitations of motion. Diagnoses now include cervical and lumbar spinal pain syndrome with headache. When seen on 01/04/2008 she continued to complain of headaches and low back pain and then added problems with memory and concentration. She felt physical therapy was somewhat helpful. She was using Darvocet and stated that her back felt better with flexion. Some painful limitation of motion along the spinal column is defined as before. The doctor does not report noting any neurologic abnormalities. That report was on 09/29/2009.

Subsequent report is dated 11/10/2009. Symptoms now include vertigo as well as problems with memory and concentration. Doctor reviewed report of lumbar MRI study of 08/04/2009 and reported the presence of large paracentral disc herniation at L1-2 with pressure along the thecal sac. There is small right foraminal disc herniation L4-5 with mild foraminal encroachment. There is marked exaggeration of the lumbar lordosis. Cervical

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May 4, 2010

RE: RITA BAYTSAYEVA VS SHAPIRO, ETC.

DOI: 1/4/08

MRI was apparently obtained on the same date. Report indicates that there are annular bulges of disc at C5-6 and C6-7 with effect on the ventral thecal sac. Cervical lordosis is somewhat less than normal, possibly related to muscle spasm. Note of 12/28/2009 indicates she has neck pain and back pain. She has some relief consequent to use of Darvocet and Lyrica. She continues to work with VESIV and there is no change in symptoms or findings on 02/08/2010.

Dr. Rubin, a neuroradiologist, reported on 08/04/2009 that he reviewed magnetic resonance imaging of the cervical spine obtained on 04/02/2008. Doctor reports straightening of the cervical lordosis and endplate changes to the right side of C5-C6 vertebrae with disc space narrowing at that level. Anterior vertebral spurring is noted in the mid to lower cervical region. At C5-6 there was bulge which effaced this ventral subarachnoid space. At C6-7 there was bulge which attenuated the ventral subarachnoid space. There is no evidence of spinal stenosis and neural foramina were patent. There is small meningeal cyst in the left foramina at C6-7 and C7-T1. Spinal cord appeared to be normal.

Initial neuropsychiatric report by Dr. Kuhn is dated 07/13/2009. Doctor indicates she suffers from minor traumatic brain injury and post concussion syndrome which requires extensive evaluation by what he calls standard diagnostic test batteries inclusive of EEG, QEEG and evoked potentials (assessment and mapping of brain function). He also indicates she should have a comprehensive neuropsychological evaluation to assess mental dysfunction. The studies were to confirm diagnosis and help to plan a more accurate and effective rehabilitation program. He reports intake sessions, each lasting 1 hour and 15 minutes, took place on 06/03/2009, 06/10/2009 and 06/19/2009. He received a history that following being struck by the car she fell backwards and was briefly unconscious, regaining awareness while lying on the street. The head was heavy and painful. There was severe pain in the upper neck. She became frightened and agitated, worried about brain damage and thoughts of having blood clot along the brain. It is indicated that at hospital she spoke with difficulty because she could not move her jaw. She had some nausea. She was told to rise and walk and was unable to do so, blacking out, feeling dizzy and falling backward on to her bed. She went home with help of her daughter and noted repetitive nausea and inability to focus. There was vertigo even when

PAGE SEVEN

May 4, 2010

RE: RITA BAYTSAYEVA VS SHAPIRO, ETC.

DOI: 1/4/08

reclining. She could not speak through the night. She had nightmares about snakes. Her mind was scattered with impaired concentration and memory. She often sees double and has difficulty reading.

She then consulted with Dr. Miller who referred her for physical therapy. Patient had complaints of ear pain and became depressed. The claimant felt Dr. Miller did not listen to her complaints or take them seriously. The claimant felt Dr. Miller was unprofessional in dealing with her. The patient objected to Dr. Miller's treatment. The doctor sent her back to work.

It is stated she consulted with Dr. Naestat, a neurologist, who stated MRI was positive according to the patient who continues to have difficulty recognizing objects visually. She is forgetful and memory is impaired. She cannot concentrate. Dr. Kuhn reviewed a report of MRI obtained with and without contrast on 02/13/2009. The study was normal. Doctor describes the claimant is neatly dressed and subdued. She was cooperative but appeared stressed and depressed. Affect was appropriate, thinking linear. She had difficulty finding certain words. She did immigrate from Russia in 2003. She appeared to be of average intelligence and performed well on subtracting 7s and reversing the spelling of WORLD. She showed impaired short term memory, recalling only one or five nouns after five minutes. She had problems with digit span, forward and backward. She showed good conceptual understanding and ability to think and abstract metaphors. Doctor was impressed that there was impaired attention, concentration, and short-term memory on 06/23/2009. She scored 38 on a test for depression, indicating the presence of severe depression requiring psychotherapy. On a performance test doctor graded her as having a severe attention disorder. His diagnoses include depressive disorder due to traumatic brain injury and chronic physical disability associated with attention, memory, and cognitive disorder as well as stress disorder.

Titan Pharmacy records filling prescriptions between 07/07/2009 and 11/23/2009 for zolpidem, diazepam, amphetamine and citalopram on several occasions. It should be noted that zolpidem is Ambien, citalopram is Celexa, and diazepam is Valium.

PAGE EIGHT

May 4, 2010

RE: RITA BAYTSAYEVA VS SHAPIRO, ETC.

DOI: 1/4/08

I noted during the course of the neurologic examination, inclusive of observations made during the time that history was elicited, she showed no signs of pain or discomfort. Her movements were easy in sitting, rising, turning and looking about the room. There was no pain on palpation of multiple muscle groups. Her neurologic examination is clearly normal in regard to cognition, cranial nerves, sensation, motor and reflex systems as well as straight leg raising. She showed supple and full ranges of motion throughout the spinal column.

I find no evidence of fibromyalgia. I find no evidence of dysfunction of central, peripheral or autonomic nervous systems.

Her mood and affect are restrained or flattened. This may represent emotional factors and/or response to frequent use of Ambien and daily use of diazepam.

There is no objective evidence of neurologic dysfunction. Nearly two and a half years since trauma any neurologic problem consequent to that trauma would be evident.

There may be some posttraumatic depression. There is no sign of traumatic brain injury. She may well have been depressed prior to the accident, having migrated to the United States in 2003 and within a few years suffered a divorce. Two of her three children still live with her and at times they are helpful. At times she has to yell at them (reasons were same not discussed). When she must yell headaches are initiated.

I feel confident in stating that there is no continuing neurological abnormality. I note that if there was a period of unconsciousness it was quite brief, perhaps seconds. Her vision was black and she was shocked not knowing what happened. I doubt that there was full loss of consciousness. Any concussive injury would have been mild. If present at all, symptoms would long since have resolved.

I am confident in stating that no neurologic sequelae consequent to this accident will rise at anytime in the future.

I am prepared to discuss this matter with you if you require clarification.

PAGE NINE

May 4, 2010

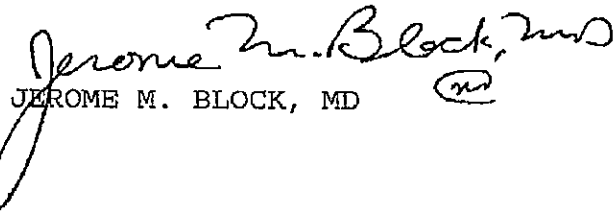
RE: RITA BAYTSAYEVA VS SHAPIRO, ETC.

DOI: 1/4/08

The claimant was examined in accordance with the restrictive rules concerning an independent examination. It is, therefore, understood that no doctor/patient relationship exists or is implied by this examination. The claimant was examined with reference to the specific complaints emanating from the injuries. Any other medical condition, which are found unreported or unrelated to the original injuries, are to be considered beyond the scope of this examination.

I, Jerome Block, MD, being a physician duly licensed to practice in the State of New York, under the penalties of perjury, pursuant to CPLR 2106 do hereby affirm the contents of the foregoing.

Sincerely,


JEROME M. BLOCK, MD

JMB10050600863

CURRICULUM VITAE

OFFICE ADDRESS:

JEROME M. BLOCK, M.D.

One East 87th Street
New York, New York 10128

TELEPHONE/FAX:

(212)289-0540/(212)289-3905

PERSONAL DATA:

Birthdate: June 3, 1930

Birthplace: Brooklyn, NY

UNDERGRADUATE:

EDUCATION AND TRAINING

1947-1951

Dartmouth College - A.B. - 1951
Summa Cum Laude - Phi Beta Kappa

GRADUATE:

1951-1952

Dartmouth Medical School
Two Year Certificate with highest honors
Basic Medical Science

1951-1954

Harvard Medical School
M.D. 1954

BOARD CERTIFICATION:

American Board of Psychiatry
And Neurology - October 1961

BOARD QUALIFICATION:

Rehabilitation Medicine - 1962

POST GRADUATE:

1954-1955

Mount Sinai Hospital - New York, NY
Intern, "Rotating" Program

1955-1956

Mount Sinai Hospital - New York, NY
Assistant Resident, Neurology

1957

U.S. Naval Hospital - Portsmouth, VA
Chief, Division of Neurology

1958-1959

U.S. Naval Hospital - Yokosuka, Japan
Chief of Neurology, Far East Command

1959-1960

Mount Sinai Hospital - New York, NY
Chief Resident, Neurology

1960-1962

NYU School of Medicine - New York, NY
Fellowship in Neurology - Rehabilitation
National Institute of Health Grant
Institute of Rehabilitation Medicine - NYC
Teaching Fellow at Rusk Institute

CURRICULUM VITAE

JEROME M. BLOCK, M.D.

Page 2

PROFESSIONAL APPOINTMENTS

1961-1965

Mount Sinai Hospital, NYU Hospital and
Medical Center, Beth Israel Hospital
Adjunct Neurologist and Teaching Fellow

1965-1970

Mount Sinai Hospital, NYU Hospital and
Medical Center, Beth Israel Hospital
Associate Attending Neurology

1968-2004

Lenox Hill Hospital, NYC

2005-Present

Director of Division of Neurology
Emeritus Director of Division of Neurology

1972-Present

New York University Medical Center, NYC
Associate Attending, Department of Neurology

1972-Present

VA Hospital, Bellevue Hospital, NYC
Attending Neurologist

ACADEMIC APPOINTMENTS

1962-Present

New York University Medical Center, NYC
Consultant to Head Trauma Service
Rusk Institute of Rehabilitation Medicine

1972-Present

New York University Medical School, NYC
Clinical Professor of Neurology

SOCIETIES AND PROFESSIONAL

MEMBERSHIPS

FELLOWS:

American college of Physicians
American Academy of Neurology
American Congress of Physical Medicine
and Rehabilitation

MEMBER:

Eastern and Metropolitan EEG Society
American Congress of Geriatric Medicine
American Medical Association
New York State Medical Association
New York County Medical Association
Association for Research in Nervous
and Mental Disease

HONORS AND AWARDS

1970, 1974

Attending of the Year, Department of Medicine
Lenox Hill Hospital

CURRICULUM VITAE

JEROME M. BLOCK, M.D.

Page 3

INSTITUTIONAL RESPONSIBILITIES

LENOX HILL HOSPITAL

1967-Present

Attending in Charge, Neurology
Teaching and Administration, Half-time

1977-1979

Senior Elected Staff Representative to the
Medical Board

1986-1988

Lenox Hill Hospital Committees on:

1977

Selection of Chief of Surgery

1977

Selection of Chief of Emergency Services

1978, 1988

Selection of Chief of Radiology

1985-1986

Selection of Chief of Psychiatry

1985-1986

Alumni Association, President

1986-1988

Elected Representatives from the Department
of Medicine to the Medical Board

Committees:

1968-1979

House Staff Interviews

1974-1976

Home Care, Chairman

1975-1978

Education

1976-1978

Planning

1976-1978

Development

1977-1978

Affiliations

1977-1978 - 1986-1988

Joint Conference

1979-1980

Nursing Services, Chairman

1986-1987

Board of Trustees, Member ex-officio

1986-1987

Secretary of the Medical Board

NEW YORK UNIVERSITY MEDICAL CENTER

Committees:

1977

Selection of Professor and Chairman,
Department of Neurology

1979

Selection of Professor and Chairman,
Department of Rehabilitation Medicine

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)

COUNTY OF NEW YORK) ss.:

Joan M. Mahler, being duly sworn, deposes and says: I am not a party of this action, I am over 18 years of age, and I reside in Kew Gardens, New York.

That on August 6, 2010, I served the within **EXPERT RESPONSE PURSUANT TO RULE 26** by mailing a copy to each of the following persons at the last known address set forth after each name below:

To: Martin Druyan, Esq.
Attorney for Plaintiff
450 7th Avenue - Suite 704
New York, New York 10123
212-279-5577

Joan M. Mahler
JOAN M. MAHLER

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

On the 6TH day of August in the year 2010 before me, the undersigned, a Notary Public in and for said State, personally appeared **JOAN M. MAHLER** personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

[Signature]
JOHN M. DOWNING, JR.
Notary Public, State of New York
No. 30-4945877
Qualified in Nassau County
Commission Expires January 27, 2011

09-CV-4874

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
RITA BAYTSAYEVA,

Plaintiffs,

-against-

MAKSIM SHAPIRO, SVETLANA ZIS,
HONDA LEASE TRUST, HONDA CORPORATION,

Defendants,

-----X

EXPERT RESPONSE PURSUANT TO RULE 26

DOWNING & PECK, P.C.
Attorneys for Defendants
Office and Post Office Address, Telephone
17 Battery Place, Ste. 709
New York, New York 10004
212-514-9190

EXHIBIT H

June 8, 2010

Attn: Marguerite D. Peck, Esq.
Downing & Peck, P.C.
Attorneys and Counselors at Law
5 Hanover Square-20th Floor
New York, NY 10004

Re: Rita Baytsayeva v Shapiro, et al
DOA: 01/04/2008
File #: 31210

Dear Ms. Peck,

At your request, I have reviewed radiology films and/or medical records concerning the above-referenced file.

MRI of the Cervical Spine (East Manhattan Diagnostic Imaging 4/2/2008):

Technique:

T1 and T2 sagittal and axial oblique sequences were performed.

Findings:

The cervical vertebral bodies are normal in height and alignment. There are diffuse degenerative changes throughout the cervical spine, most pronounced at the C5/6 and C6/7 levels. This is manifested by disc dehydration, disc space narrowing and endplate spurring. There are accompanying mild bulges at both of these levels. There is no significant mass effect on the thecal sac, cervical cord or nerve roots. There are no disc herniations. The craniocervical junction and cervical cord are normal in appearance and there is no evidence of spinal stenosis or fracture.

Impression:

Diffuse degenerative changes, most pronounced at the C5/6 and C6/7 levels.

SUMMARY:

At your request, I have reviewed an MRI of the cervical spine which was performed four weeks following the date of loss. There is clear evidence of degenerative changes throughout the cervical spine, most pronounced at the C5/6 and C6/7 levels. These changes are unlikely to have developed in the short interval between the accident and the study and in my opinion represent a preexisting condition. There are no disc herniations. The disc bulges noted are compatible with the amount of degenerative change present. There is no radiographic evidence of traumatic or causally related injury to the cervical spine.

MRI of the Lumbar Spine (East Manhattan Diagnostic Imaging 3/16/2009):

Technique:

T1 and T2 sagittal and axial oblique sequences were performed.

Findings:

The lumbar vertebral bodies are normal in height and alignment. There are mild diffuse degenerative changes throughout the lumbar spine, most pronounced at the L1/2 level. This is manifested by disc dehydration and disc space narrowing. There is a small/moderate left paracentral disc herniation at L1/2 that effaces the thecal sac. The conus medullaris is normal in appearance. There is no evidence of spinal stenosis or fracture.

Impression:

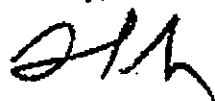
Mild diffuse degenerative changes, most pronounced at L1/2 with accompanying disc herniation.

SUMMARY:

At your request, I have reviewed an MRI of the lumbar spine which was performed 14 ½ months following the date of loss. There is evidence of mild diffuse degenerative changes, most pronounced at the L1/2 level. The disc herniation noted at L1/2 is compatible with the amount of degenerative change present. This is non-specific and could be traumatic or degenerative in nature. Given the long amount of time which transpired, there is no clear radiographic evidence of causally related injury to the lumbar spine.

I, David A Fisher, MD, Board Certified Radiologist, being duly licensed to practice medicine and surgery in the State of New York, hereby affirm under penalties of perjury that the statements contained herein are true and accurate.

Sincerely,



David A. Fisher, MD

Diplomate, American Board of Radiology

EXHIBIT I



2/11/10

(516) 299-3981
FAX (516) 299-2072
cathy.murphy@liu.edu
www.liu.edu

OFFICE OF UNIVERSITY COUNSEL • UNIVERSITY CENTER
700 Northern Boulevard • Brookville, New York 11548-1327

Catherine Murphy
Associate Counsel

March 15, 2010

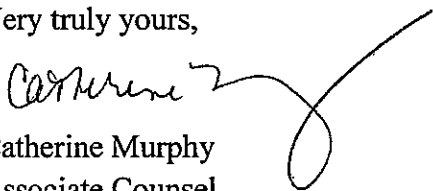
John Downing, Jr.
Downing & Peck, P.C.
5 Hanover Square, 20th Floor
New York, NY 10004

Re: Rita Baytsayeva
SS #: 091-88-5231
D&P#: 3.1178
D/O/B: 10/28/1961

Dear Mr. Downing:

In response to your letter dated March 4, 2010, enclosed please find the transcript of Ms. Bavtsayeva. Please be advised that Long Island University does not maintain attendance records or class schedules.

Very truly yours,


Catherine Murphy
Associate Counsel

Enclosure

cc: M. Druyan, Esq.
450 7th Avenue, Suite 704
New York, NY 10123

BROOKLYN, C.W. POST
BRENTWOOD, RIVERHEAD, ROCKLAND, WESTCHESTER

Undergraduate Official Transcript

Name: Rita Baybayeva
Student ID: 100105091
Birthdate: 1961-10-28
Sex: Female

Long Island University
University Center
700 Northern Boulevard
Brooklyn, NY 11248
United States

Print Date: 2010-03-09

Beginning of Undergraduate Record

Fall Term 2006

Course	Description	Attempted	Earned Grade	Points
ANG 14	English Composition	3.00	3.00 B	9.000
WAT 16	Finite Mathematics	3.00	1.00 B	3.000
PSY 3	Intro to Psychology	3.00	3.00 B	9.000
SOC 3	Intro to Sociology	3.00	3.00 B	9.000
TERM GPA:		12.00		35.010
CUM TOTALS:		12.00		35.010

Spring Term 2007

Course	Description	Attempted	Earned Grade	Points
ENG 15	English Composition	4.00	4.00 B-	10.680
PAI 62	Philosophy	3.00	3.00 B	9.000
PSY 107	Developmental Psych	3.00	3.00 B+	9.990
TERM GPA:		10.00		37.680
CUM TOTALS:		26.00		72.690

Summer Term 2007

Course	Description	Attempted	Earned Grade	Points
ENG 15	English Composition	3.00	3.00 B	9.000
PAI 62	Philosophy	3.00	3.00 B	9.000
PSY 107	Developmental Psych	3.00	3.00 B	9.000
TERM GPA:		9.00		27.000
CUM TOTALS:		32.00		99.780

Fall Term 2007

Course	Description	Attempted	Earned Grade	Points
ENG 15	English Composition	3.00	3.00 B	9.000
PAI 62	Philosophy	3.00	3.00 B	9.000
PSY 107	Developmental Psych	3.00	3.00 B	9.000
TERM GPA:		9.00		27.000
CUM TOTALS:		32.00		99.780

Continuation of Undergraduate Record

Fall Term 2008

Course	Description	Attempted	Earned Grade	Points
ANG 14	English Composition	3.00	3.00 B	9.000
WAT 16	Finite Mathematics	3.00	1.00 B	3.000
PSY 3	Intro to Psychology	3.00	3.00 B	9.000
SOC 3	Intro to Sociology	3.00	3.00 B	9.000
TERM GPA:		12.00		35.010
CUM TOTALS:		12.00		35.010

Spring Term 2008

Course	Description	Attempted	Earned Grade	Points
ENG 15	English Composition	4.00	4.00 B-	10.680
PAI 62	Philosophy	3.00	3.00 B	9.000
PSY 107	Developmental Psych	3.00	3.00 B	9.000
TERM GPA:		10.00		37.680
CUM TOTALS:		26.00		72.690

Summer Term 2008

Course	Description	Attempted	Earned Grade	Points
ENG 15	English Composition	3.00	3.00 B	9.000
PAI 62	Philosophy	3.00	3.00 B	9.000
PSY 107	Developmental Psych	3.00	3.00 B	9.000
TERM GPA:		9.00		27.000
CUM TOTALS:		32.00		99.780

Fall Term 2008

Course	Description	Attempted	Earned Grade	Points
ENG 15	English Composition	3.00	3.00 B	9.000
PAI 62	Philosophy	3.00	3.00 B	9.000
PSY 107	Developmental Psych	3.00	3.00 B	9.000
TERM GPA:		9.00		27.000
CUM TOTALS:		32.00		99.780

This document is an official transcript of the student's academic record. It is printed in white type on blue security paper with the name of the university printed in white type across the top. A raised seal is not required. When photocopying, the seal should be clearly visible. Alterations of this transcript may be a criminal offense in accordance with the Family Educational Rights and Privacy Act of 1974. This information may not be released to any party without the student's written consent.

Thomas P. Castiglione, Registrar



LONG ISLAND UNIVERSITY

BROOKLYN C.W. POST
BRENTWOOD RIVERHEAD ROCKLAND WESTCHESTER

Undergraduate Official Transcript

Name: Rita Zaykayeva
Student ID: 100105091
Birthdate: 1961-10-28
Sex: Female

Long Island University
University Center
700 Northern Boulevard
Brookville, NY 11548
United States

ART	134	Interpunctio to Robert's Wheel	3.00	3.00 A	2.000
BIO	132	Human Physiology	3.00	3.00 B	2.000
ENG	62	Surv European Lit II	3.00	3.00 B+	2.990
PSY	180	Statistics I	3.00	3.00 B+	2.980
TERM GPA	3.415	TERM TOTALS	12.00	12.00	40.950
GM GPA	3.024	CUM TOTALS	84.00	81.00	251.010

Spring 2010

Course	Description	Accepted	Earned Grade	Points
Program	School of Nursing Undergrad			
Elect	Nursing B.S. Major			
NUR	197 Pathophysiology in Nursing	3.00	0.00 W	
NUR	198 Pharmacology in Nursing	3.00	0.00 W	
NUR	199 Practice of Medication Admin	4.00	0.00 W	
NUR	190 Clinical Nursing Foundations	4.00	0.00 W	
TERM GPA	3.000	TERM TOTALS	0.00	0.000
GM GPA	3.024	CUM TOTALS	81.00	251.010

End of Transcript

This officially sealed and signed transcript is printed on blue SQRIP-SAFE® security paper with the name of the university printed in white type across the face of the document. A raised seal is not required. When photocopied a security statement containing the institution name will appear. A BLACK ON WHITE OR COLOR COPY SHOULD NOT BE ACCEPTED. Alterations of this transcript may be a criminal offense. In accordance with their Family Educational Rights and Privacy Act of 1974, this information may not be released to any party without the student's written consent.

Thomas P. Castiglione, Registrar



EXHIBIT J

January 12, 2010

Martin Druyan
450 7th Avenue, Suite 3302
New York, New York 10123

Re: Baytsayeva v. Shapiro, et al
D/Accident: 1/4/08

Dear Mr. Druyan:

This will supplement defendants Rule 26 Disclosure Statement in the above matter:

Annexed hereto as photocopies of photographs of defendant's vehicle which depict the condition of the vehicle immediately following the accident in question.

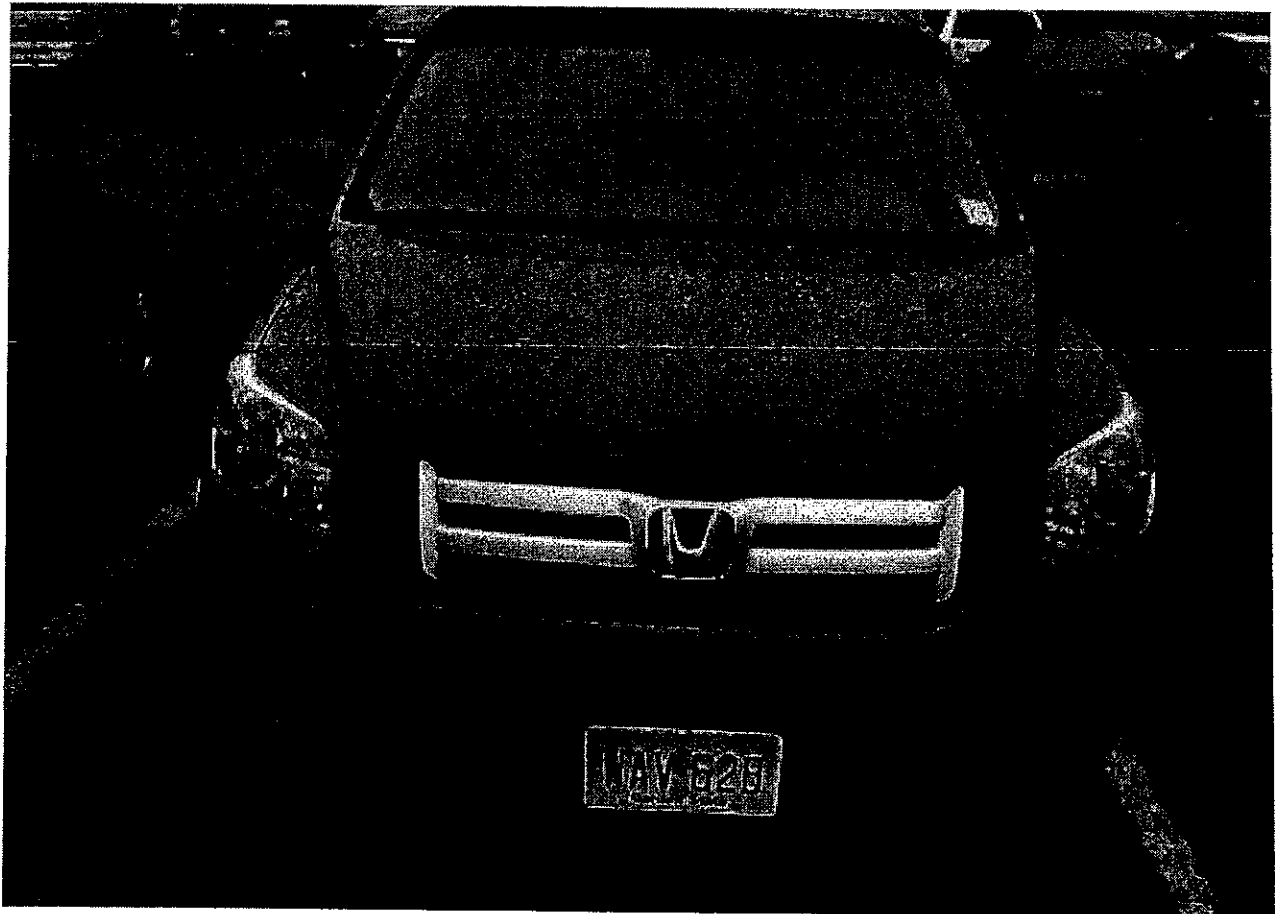
Nine photographs are attached.

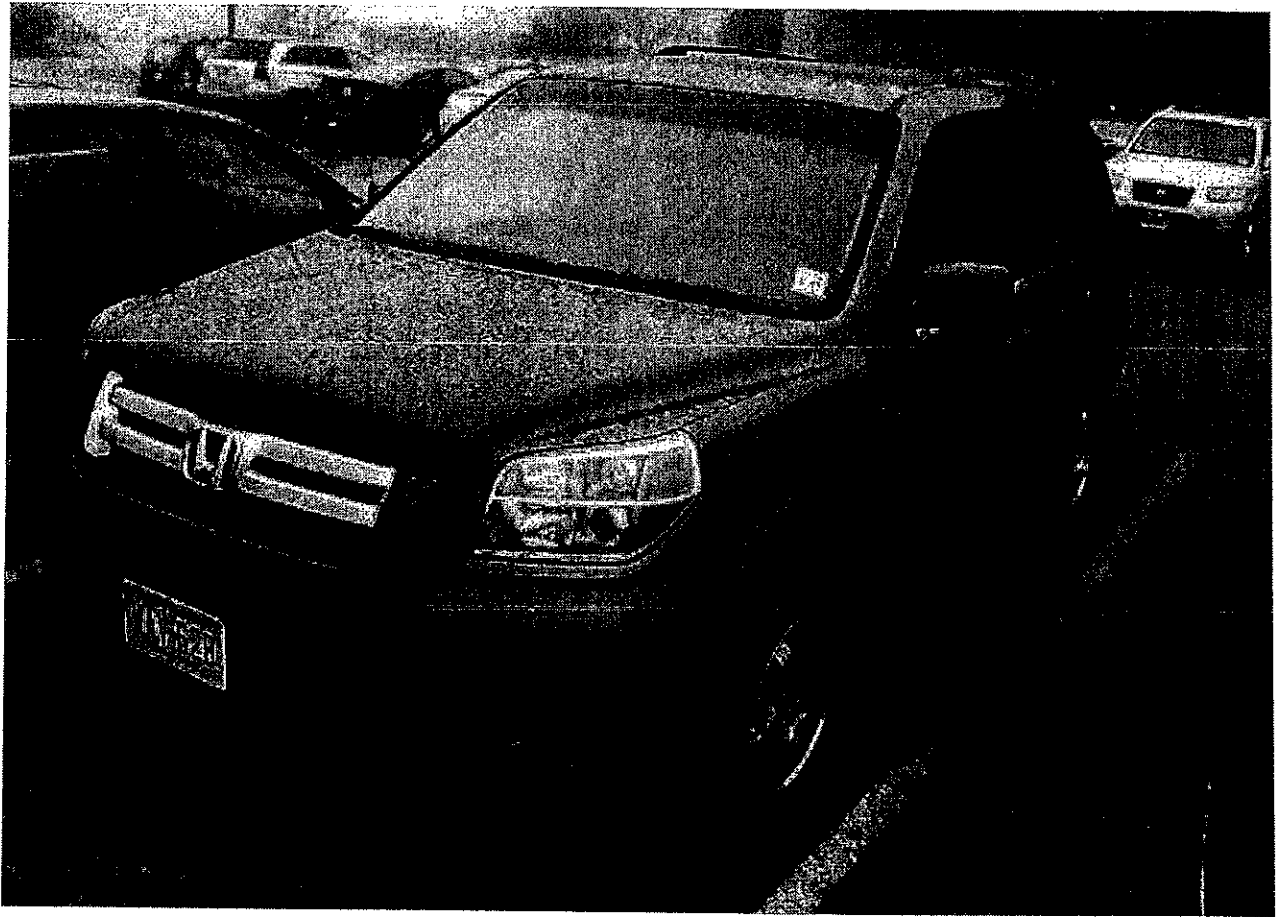
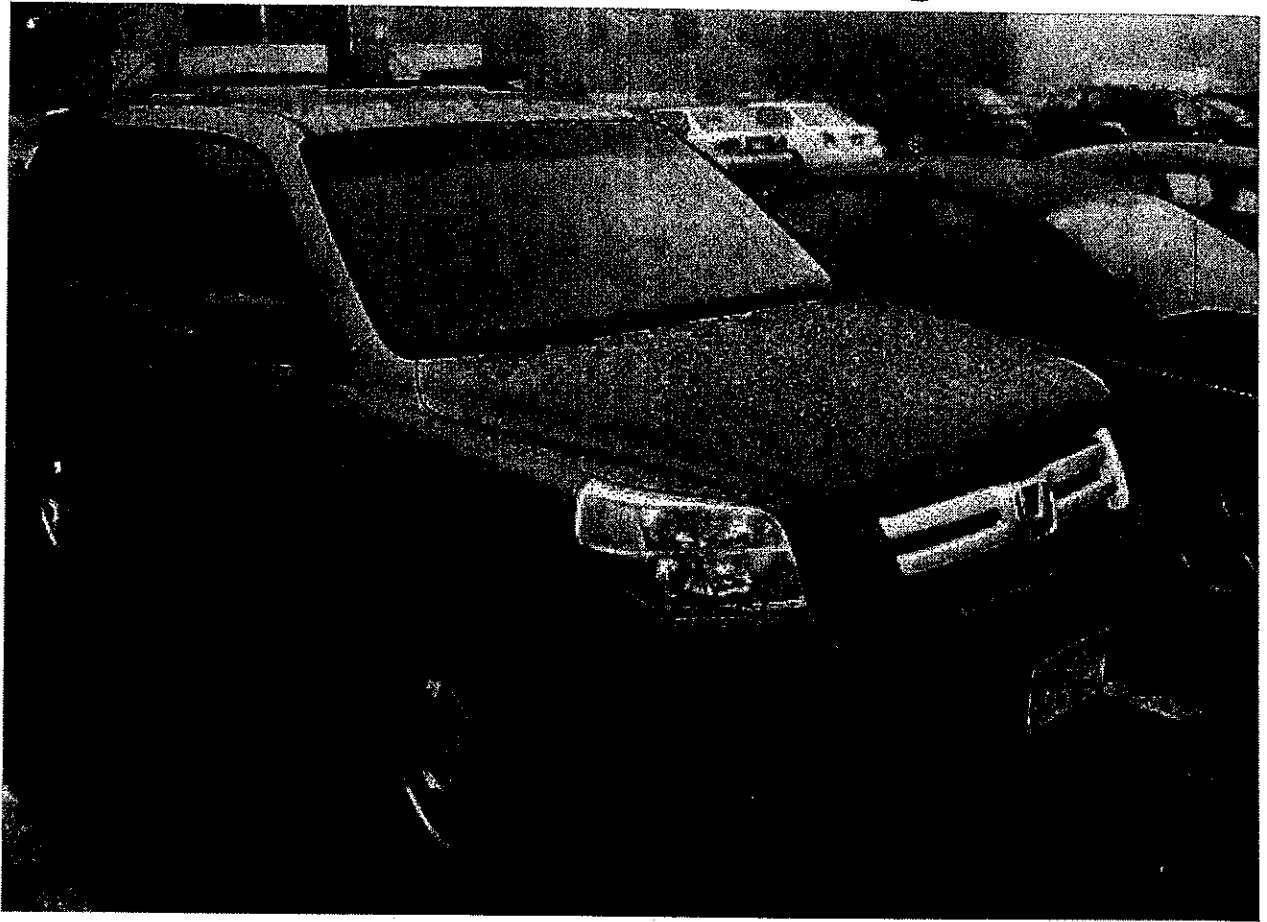
Very truly yours,

DOWNING & PECK, P.C.

MARGUERITE D. PECK

MDP/tb
Enclosure









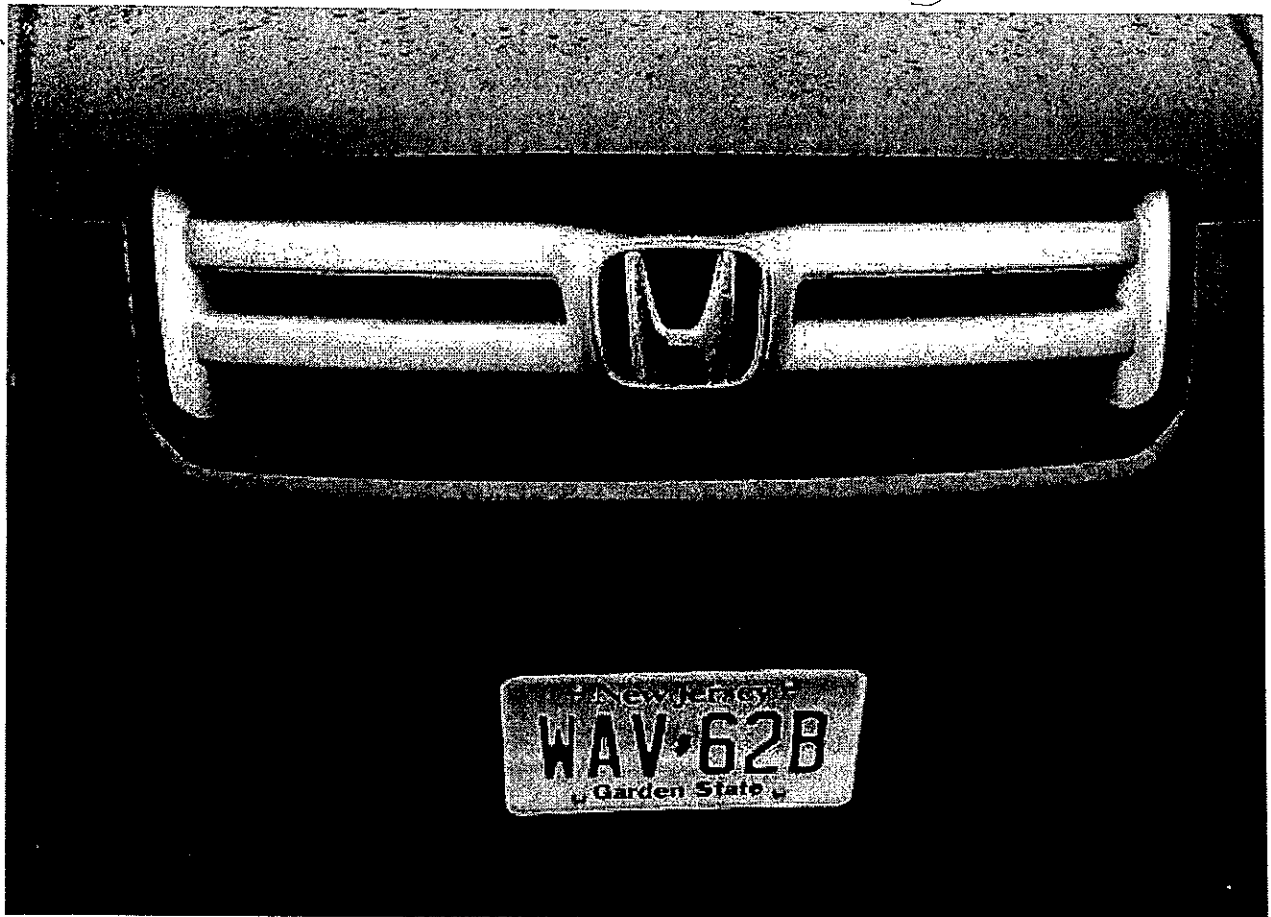


EXHIBIT K

EAST MANHATTAN
DIAGNOSTIC IMAGING, P.C.
424 EAST 89th STREET
NEW YORK, NY 10128
(212) 410-5100

RADIOLOGY REPORT

NAME	MR#	LOC	DOB	ACC
BAYTSAYEVA, RITA		98	Oct-28-1961	948979

EXAM: MRI BRAIN WO & W CONTRAST

DATE OF EXAM: Feb-13-2009 Requesting MD: NEYSTAT, MARINA MD

Clinical indication: Post concussion syndrome

Technique: Examination consists of axial T1, T2, FLAIR and diffusion weighted images of the brain. Post gadolinium axial, sagittal and coronal T1 weighted images of the brain were included.

No prior studies are available for comparison.

Findings:

There are a few scattered punctate foci of increased T2 signal in the subcortical white matter, a nonspecific pattern which may be seen in a setting of chronic migraines, or which may represent early microvascular ischemic changes. The distribution is not typical for demyelinating disease.

There is no abnormal parenchymal or extraaxial enhancement. The ventricles and sulci are normal for age. The vascular flow voids are normal. There is no extra-axial collection. There is no evidence of recent infarct. There is no susceptibility artifact to suggest the presence of parenchymal calcifications or blood products. The pituitary gland is not enlarged. The cerebellar tonsils are in normal position.

The visualized paranasal sinuses and mastoid air cells are clear.

Impression:

Nonspecific mild white matter signal abnormalities as described above. Otherwise normal post contrast MRI of the brain.

EAST MANHATTAN
DIAGNOSTIC IMAGING, P.C.
424 EAST 89th STREET
NEW YORK, NY 10128
(212) 410-5100

RADIOLOGY REPORT

NAME	MR#	LOC	DOB	Page 2
BAYTSAYEVA, RITA		98	Oct-28-1961	ACC 948979

EXAM: MRI BRAIN WO & W CONTRAST

DATE OF EXAM: Feb-13-2009 Requesting MD: NEYSTAT, MARINA MD

Daniel Meltzer, MD (RAD) /signed by/ Daniel Meltzer, MD (RAD)

Dictated on:

Transcribed on: Feb-13-2009 3:01 PM by Commisure Interface

Finalized on: Feb-13-2009 3:01 PM by Commisure Interface

To: Downing & Peck PC

(914) 514-9211

file

Date: 3/15/10

Re: Rita Payasayeva

Claim # 3-1178

Dear, John Downing

I am in receipt of your request for copies of the Medical Records and MRI films for the above named patient. There is a service charge for these records as follows:

Films and Reports:

Films cost \$200.00 Per Scan \$ 600

Report Copies \$0.75 Per Page \$ 4.50

Total Due: \$ 604.50

Reports Only:

Report Copies \$0.75 4.50

CD and Reports:

All CD'S cost \$60.00 Per Scan \$ 184.50

For itemized billing please call our billing department at (201) 830-3200, our tax id number is 133 931 499. If you need further assistance do not hesitate to contact Marija Lakovic at the number above.

This message is intended only for the use of the individual or entity which or whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering or copying of this communication is strictly prohibited. If you have received this communication by error, please notify immediately by telephone.

RADIOLOGY REPORT

NAME	MR#	LOC	DOB	ACC
BAYTSAYEVA, RITA		98	Oct-28-1961	950468

EXAM: MRI LUMBAR SPINE WO CONTRAST

DATE OF EXAM: Mar-16-2009 Requesting MD: NEYSTAT, MARINA MD

A MRI examination of the lumbar spine was performed. The examination consists of sagittal T1 weighted and T2 weighted images as well as axial T1 weighted and T2 weighted images.

The study is interpreted with the last formed intervertebral disc designated as L5/S1.

The spinal cord terminates at L1/2. No spinal canal fluid collection nor mass is seen.

No bony destructive lesions are appreciated. No prevertebral soft tissue masses are noted.

Evaluation of the intervertebral disc levels:

L1/2: There is a left paracentral herniated disk with mild focal narrowing of the thecal sac. The neural foramina are not stenotic. The remainder of the lumbar levels are without spinal canal or foraminal stenosis.

Impression: Left paracentral herniated disk at L1/2 with mild spinal canal stenosis.

RADIOLOGY REPORT

NAME	MR#	LOC	DOB	Page 2 ACC
BAYTSAYEVA, RITA		98	Oct-28-1961	950468

EXAM: MRI LUMBAR SPINE WO CONTRAST

DATE OF EXAM: Mar-16-2009 Requesting MD: NEYSTAT, MARINA MD

Gordon Heller, MD (Rad) /signed by/ Gordon Heller, MD (Rad)

Dictated on:

Transcribed on: Mar-16-2009 5:07 PM by Commisure Interface

Finalized on: Mar-16-2009 5:07 PM by Commisure Interface

RADIOLOGY REPORT

NAME	MR#	LOC	DOB	ACC
BAYTSAYEVA, RITA		98	Oct-28-1961	948979

EXAM: MRI BRAIN WO & W CONTRAST

DATE OF EXAM: Feb-13-2009 Requesting MD: NEYSTAT, MARINA MD

Clinical indication: Post concussion syndrome

Technique: Examination consists of axial T1, T2, FLAIR and diffusion weighted images of the brain. Post gadolinium axial, sagittal and coronal T1 weighted images of the brain were included.

No prior studies are available for comparison.

Findings:

There are a few scattered punctate foci of increased T2 signal in the subcortical white matter, a nonspecific pattern which may be seen in a setting of chronic migraines, or which may represent early microvascular ischemic changes. The distribution is not typical for demyelinating disease.

There is no abnormal parenchymal or extraaxial enhancement. The ventricles and sulci are normal for age. The vascular flow voids are normal. There is no extra-axial collection. There is no evidence of recent infarct. There is no susceptibility artifact to suggest the presence of parenchymal calcifications or blood products. The pituitary gland is not enlarged. The cerebellar tonsils are in normal position.

The visualized paranasal sinuses and mastoid air cells are clear.

Impression:

Nonspecific mild white matter signal abnormalities as described above. Otherwise normal post contrast MRI of the brain.

RADIOLOGY REPORT

NAME	MR#	LOC	DOB	Page 2
BAYTSAYEVA, RITA		98	Oct-28-1961	ACC 948979

EXAM: MRI BRAIN WO & W CONTRAST

DATE OF EXAM: Feb-13-2009 Requesting MD: NEYSTAT, MARINA MD

Daniel Meltzer, MD (RAD) /signed by/ Daniel Meltzer, MD (RAD)

Dictated on:

Transcribed on: Feb-13-2009 3:01 PM by Commisure Interface

Finalized on: Feb-13-2009 3:01 PM by Commisure Interface

RADIOLOGY REPORT

NAME	MR#	LOC	DOB	ACC
BAYTSAYEVA, RITA		98	Oct-28-1961	929554

EXAM: MRI CERV SPINE WO CONTRAST

DATE OF EXAM: Apr-2-2008 Requesting MD: MILLER, JEAN DO

MRI of the Cervical Spine

An MRI examination of the cervical spine was performed. The examination consists of sagittal T1 weighted and T2 weighted images as well as axial T1 weighted, T2 weighted and gradient echo images.

The sagittal imaging demonstrates normal anatomic alignment of the cervical vertebral bodies.

At the C5-6 discspace level a diffuse annular bulge and/or osteophytic ridge transverses the interspinous space without spinal cord compression or foraminal encroachment.

At the C6-7 discspace level a diffuse annular bulge and/or osteophytic ridge is without spinal cord compression or foraminal encroachment.

No other extradural abnormality is seen. The cervical spinal cord the cervicomedullary junction as well as the osseous marrow signal of the cervical spine are normal.

Impression: small diffuse annular bulges and/or osteophytic ridges are seen at C5-6 in C6-7 without spinal cord compression or foraminal encroachment.

RADIOLOGY REPORT

NAME	MR#	LOC	DOB	Page 2
BAYTSAYEVA, RITA		98	Oct-28-1961	ACC 929554

EXAM: MRI CERV SPINE WO CONTRAST

DATE OF EXAM: Apr-2-2008 Requesting MD: MILLER, JEAN DO

Richard M.D. (Rad) Pinto /signed by/ Richard M.D. (Rad) Pinto

Dictated on:

Transcribed on: Apr-3-2008 9:54 AM by TalkStation Interface

Finalized on: Apr-3-2008 9:54 AM by TalkStation Interface

EXHIBIT L

Note for Rita Baytsayeva on 1/26/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 1/26/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: Patient has no new complains. The patient reports moderate improvement with treatment. See IE

Objective:

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:
TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of
posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Ncstor, Slava - PT
Digital Signature on 1/26/2009 at 5:47:01 PM by: Nestor, Slava - PT

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A.C. PIP

Note for Rita Baytsayeva on 1/29/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 1/29/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: Patient has no new complains. The patient reports decrease of pain for few hours after treatment.

Objective: Tenderness neck extensors

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:
TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of
posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT

Digital Signature on 1/29/2009 at 5:00:14 PM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 2/2/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 2/2/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient complains of persistent pain, 5-6/10. The patient reports decrease of pain for few hours after treatment.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:
TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of
posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT
Digital Signature on 2/2/2009 at 3:04:28 PM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 2/5/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 2/5/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient has no new complains. The patient reports decrease of pain for few hours after treatment.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:
TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of
posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home excercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT

Digital Signature on 2/5/2009 at 4:12:06 PM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 2/9/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 2/9/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient indicates slight improvement. The patient reports decrease of pain for few hours after treatment.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of

posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT

Digital Signature on 2/9/2009 at 5:28:57 PM by: Nestor, Slava - PT

Page: 1

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Note for Rita Baytsayeva on 2/12/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 2/12/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient indicates slight improvement. The patient reports decrease of pain for few hours after treatment.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of

posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT

Digital Signature on 2/12/2009 at 4:42:58 PM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 2/16/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 2/16/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient indicates slight improvement. The patient reports moderate improvement with treatment.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:
TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of
posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT
Digital Signature on 2/16/2009 at 5:34:08 PM by: Nestor, Slava - PT

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OCT 28 2009

NJM INS. CO.
A.C. PIP

Note for Rita Baytsayeva on 2/17/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: Baytsayeva Rita. **Date of visit:** 2/17/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient indicates slight improvement. The patient reports some improvement in # ROM but complains of pain.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of

posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT
Digital Signature on 2/17/2009 at 1:27:04 PM by: Nestor, Slava - PT

Page: 1

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NJM INS. CO.
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Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 2/23/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient indicates slight improvement. The patient reports persistent pain of 5/10.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:
TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of
posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT
Digital Signature on 2/23/2009 at 12:57:28 PM by: Nestor, Slava - PT

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NJM INS. CO.
A.C. PIP

Note for Rita Baytsayeva, female. DOB: 10/28/1961. Chart # 4651730

Advanced Medical Care, PLLC

1725 East 12th Street, Suite 501, Brooklyn, NY 11229

Telephone: 718-998-9900 Fax: 718-998-9868

Marina Neystat, MD

Diplomate of American Board of Neurology & Psychiatry

Neurology Follow up

Patient: Baytsayeva, Rita, 10/28/1961, 4651730.DOA.01/04/2008. Date of visit: 2/23/2009

CHIEF COMPLAINT and HPI: Patient present today continue c/o right leg pain. Pain is at the level of 7-8/10 with radiation to the right foot. Symptoms described as burning, sharp & moderate. The present condition is associated with back stiffness. The following factors aggravates symptoms: bending & prolonged positioning. Neck pain & low back pain has been improved partially. Pain is at the level of 6-7/10. Patient reports partial improvement with physical therapy. Intermittent vertigo has remained unchanged. She continues c/o memory loss, confusion, inability to sleep. She continues having episodes of confusion and disorientation. She feels less anxious & headaches have been partially improved with Lexapro. She is not working at the time..

Patient was a pedestrian crossing the street and was hit by the car. She was working at the time. She hit her head, low back and shoulders.

Prior diagnostic studies include(s):

MRI: Brain reveals no evidence of disease.

Past Medical History (PMH): Past medical history is unremarkable.

Past Surgical History (PSH): No previous surgeries.

Family History: Patient/Guardian admits a family history of diabetes, arthritis mother.

Medication History: Active: Lexapro -Imported- 5 mg Tablet (One PO HS) (active); usage started on 1/19/2009 and usage stopped on 1/19/2009 medication was prescribed by Neystat, Marina MD.

Allergies: Allergies: No known medical allergies.

Social History: Admits: Marital status: single, Employment status: currently unemployed.

Denies: tobacco use, alcohol use.

Review of System: Respiratory: (+) unremarkable, Psychiatric: (+) depression,

Neurological: (+) numbness in hands, (+) tingling in hands, (+) weakness, (+) headache,

Musculoskeletal: (+) arm pain, Integumentary: (+) unremarkable, Hematologic / Lymphatic:

(+) unremarkable, Genitourinary: (+) unremarkable, Gastrointestinal: (+) unremarkable, Eyes:

(+) blurred vision, Endocrine: (+) unremarkable, Ears, Nose, Mouth, Throat: (+) ringing in

ears, Constitutional Symptoms: (+) sleep problems, (+) night sweats, (+) weight gain,

Cardiovascular: (+) chest pain, Allergic / Immunologic: (+) unremarkable.

EXAMINATION:

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NJM INS. CO.
A.C. PIP

Vital Signs: BP Sitting: 130/90 HR: 74

General appearance: Patient is a pleasant, 47 year old female in no apparent distress who looks her given age, is well-developed and nourished with good attention to hygiene and body habitus.

Cardiovascular: Cardiovascular and Peripheral Vascular: Heart auscultation reveals: normal S1 and S2 without murmurs, gallop, rubs or clicks, rhythm is regular. Peripheral pulses full to palpation, no varicosities, extremities warm with no edema or tenderness. Carotid pulses are palpated bilaterally and are symmetric, no bruits are auscultated over the carotid and vertebral arteries.

Lungs: Lungs clear to auscultation with no rubs, crackles or wheezing noted

Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

ENT: Inspection of ears reveals no abnormalities.

Extremities exam: Exam reveals no joints abnormalities. Tinel's sign is negative.

Neurological Exam

Mental Status:

Patient's mood is anxious and depressed. Alert, awake, oriented to person, place and time. Immediate, recent and remote memory is intact, patient recalls 3 out of 3 objects at 3 and 5 minutes.

Stream of thought is spontaneous. Attention span and concentration is good. Patient awareness of current events, past history and vocabulary is good. Patient judgment and insight is good. Speech is normal. There was no aphasia or apraxia present. Patient does not exhibit abnormal or psychotic thoughts.

Cranial Nerves:

CN I (olfactory) exam: Test of smell reveals no abnormalities.

CN II (optic) -visual fields exam: Visual fields full to confrontation. Optic discs with normal color, contour and cupping bilaterally with no papilledema.

CN III, IV, VI exam: Pupils are equal round and reactive to direct and consensual light OU.

CN V (trigeminal) sensation exam: Facial sensation is intact in all three distributions of the trigeminal nerve; corneal reflexes normal bilaterally and muscles of mastication are intact and symmetric.

CN VII facial expression exam: Muscles of facial expression are intact and symmetric.

CN VIII hearing exam: Hearing is grossly normal. No nystagmus was noted. Hallpike's test reveals no nystagmus.

CN IX, X gag, speech, swallow exam: Able to taste in the posterior third of tongue. Gag reflex is intact bilaterally with symmetrical elevation of soft palate to phonation.

CN XI (spinal accessory) exam: Sternocleidomastoid and trapezius muscles are symmetric and 5/5 in strength.

CN XII (hypoglossal) exam: The tongue protrudes in the midline

Motor:

Muscle strength is 5/5 for all groups tested.

No atrophy is present in all muscles examined.

Muscle tone is normal.

Pronator drift test reveals same level maintained bilaterally.

Reflexes:

Right Achilles reflex is 1/4. Babinski reflex is absent

Sensation:

Touch, pin, vibratory and proprioception sensations are decreased in the lateral aspect of the right leg.

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Baytsayeva, Rita 2/23/2009 - 4651730

Marina Neystat MD

Signed by _____ Neystat, Marina - MD
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Note for Rita Baytsayeva on 2/26/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: Baytsayeva Rita. **Date of visit:** 2/26/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient indicates slight improvement. The patient reports persistent pain of 4-5/10.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____

Nestor, Slava - PT

Digital Signature on 2/26/2009 at 4:50:06 PM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 3/3/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 3/3/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient indicates slight improvement. The patient reports persistent pain of 4/10.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of

posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT

Digital Signature on 3/3/2009 at 1:55:01 PM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 3/5/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900 Fax: 718-998-9868

Physical Therapy Re-Evaluation. .

Slava Nestor, PT

Patient: Baytsayeva Rita. Date of visit: 3/5/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-
Lumbar/Thoracic.

SUBJECTIVE:

Chief Complaint and History of Present Illness: : This 47 year old female reported to the physical therapy clinic today with gradually decreasing pain in her lower back and neck. The symptoms are described as: moderate and 6 on a scale of 1-10 with 10 being the worst. The patient indicates that the present condition has existed on and off for about a year. The onset of symptoms was a result of a recent exacerbation of an old condition. The current condition was caused by: MVA about 1 year ago. Present condition is associated with: decreased activities of daily living, ambulation, endurance, functional status and mobility, difficulty with standing, self-care activities, transfers and work activities and joint stiffness. The symptoms are described as: disabling, intermittent, radiating and throbbing. The following factors aggravate symptoms: activities of daily living, carrying objects, standing, trunk movements and walking. The following factors relieve symptoms: medications, physical therapy and rest.

Past Medical History (PMHx): Unremarkable.

Surgical History (Hx): No previous surgeries.

Medication History:

Social History: Admits: Marital status: single, Employment status: currently unemployed.
Denies: tobacco use, alcohol use.

OBJECTIVE FINDINGS:

Vital Signs: BP Sitting: 120/80 Resp: 20 HR: 72

General Appearance: Patient is a pleasant, 47 year old female in no apparent distress who looks her given age, is well-developed and nourished with good attention to hygiene and body habitus.

Mental Status: Alert, awake, oriented to person, place and time.

Level of Mobility: Able to ambulate without assistive device.

Physique: Normal.

Posture & Deviations: Normal

Swelling: No swelling is observed.

Discolorations: There is no discoloration.

Muscle Tone: Normal.

Palpation: There is tenderness in lower back and neck. There is muscle spasm in neck and LB.

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Gait Analysis: Ambulates normally.**Sitting Balance:** Normal**Standing Balance:** Normal.**Self-care:** Independent with maximum difficulty.**Transfers:** Independent with maximum difficulty.**Ambulation:** Independent with maximum difficulty.

There was a negative findings of sitting flexion test.

Range of Motion/ Manual Muscle Testing

Body Part	Motion	Norm	ROM		MMT	
			Left	Right	Left	Right
Neck	Flex. forw. *	45	35.		4	
Neck	Extension *	70	50.		4	
Neck	Rotation *	80	60.	60.	4	4
Neck	Lat. Flexion *	45	30.	30.	4	4
Shoulder	Flexion	180	180.	180.	5	5
Shoulder	Extension	60	60.	60.	5	5
Shoulder	Abduction	180	180.	180.	5	5
Shoulder	IR	70	70.	70.	5	5
Shoulder	ER	90	90.	90.	5	5
Elbow	Flexion	150	150.	150.	5	5
Elbow	Extension	0	0.	0.	5	5
Wrist	Flexion	80	80.	80.	5	5
Wrist	Extension	70	70.	70.	5	5
Wrist	Radial Dev.	20	20.	20.	5	5
Wrist	Ulnar Dev.	30	30.	30.	5	5
Trunk	Flexion forw. *	90	65.		4	
Trunk	Extension *	30	15.		4	
Trunk	Rotation *	45	30.	30.	4	4
Trunk	Lat. Flexion *	35	25.	25.	4	4
Hip	Flexion	120	120.	120.	5	5
Hip	Extension	30	30.	30.	5	5
Hip	Abduction	45	45.	45.	5	5
Hip	Adduction	30	30.	30.	5	5
Hip	IR	45	45.	45.	5	5
Hip	ER	45	45.	45.	5	5
Knee	Flexion	135	135.	135.	5	5
Knee	Extension	0	0.	0.	5	5
Ankle	DF	20	20.	20.	5	5
Ankle	PF	50	50.	50.	5	5
Ankle	Inversion	30	30.	30.	5	5

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Ankle	Eversion	15	15	15	5	5

(*) - with pain

PLAN OF CARE:

Rehabilitation Potential: Good.

Problem List: pain, decreased ROM, decreased muscle strength, and decreased function

Short-Term Goals: decrease pain by 50%, increase range of motion by 20-30%, and increase muscle strength by 20-30%.

To be achieved in 10 treatment sessions.

Long-Term Goals: decrease pain to minimum, return to full function, and become independent in home exercise program

Goals Achieved: decreased muscle spasm, decreased pain to 6, improved ambulation to good, increased ROM by 10 %, decreased stiffness, improved ADL's and improved muscle strength.

Physical therapy treatment will include the following: electrical stimulation, myofascial release, therapeutic activities, therapeutic exercises and ultrasound. lease, therapeutic exercises and ultrasound.

Patient will be seen 3x per week for 4 weeks, total of 12 treatments.

Neck/LB

Supervised electrical stimulation applied for 20 min using:
TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of
posture awareness. 97530

Therapeutic exercises performed to improve ROM and flexibility.

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Home Exercise Program Instructions: Yes.

Precautions !!!: Universal.

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT

Digital Signature on 3/9/2009 at 2:08:39 PM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 3/9/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 3/9/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient indicates slight improvement. The patient reports persistent pain of 4/10. See Re-eval

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

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Note for Rita Baytsayeva on 3/12/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 3/12/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient complains of difficulty with mobility. The patient reports pain exacerbation to 5-6/10 after some activities.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of posture awareness. 97530

Therapeutic exercises performed using

UBE (program - manual), time - 6 min, level - 1.

Therapeutic exercises performed to improve strength and flexibility x 30 min. cervical exercise include(s): ROM exercise flexion, extension, side flexion, rotation and shoulder shrugs (reps - 12, sets - 2, holding time - 2sec). low back stretching using bilateral knee to the chest (reps - 12, sets - 1) and pelvis tilt (reps - 12, sets - 2).

Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT
Digital Signature on 3/12/2009 at 6:06:49 PM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 3/17/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 3/17/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient complains of difficulty with mobility. The patient reports pain exacerbation to 5/10 after some activities.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

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Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT
Digital Signature on 3/17/2009 at 11:50:32 AM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 3/24/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 3/23/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient complains of difficulty with mobility. The patient reports persistent pain of 5/10.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of posture awareness. 97530

Therapeutic exercises performed using

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Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT

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Note for Rita Baytsayeva on 3/26/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 3/26/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient complains of difficulty with mobility. The patient reports persistent pain of 4-5/10.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of

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Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____

Nestor, Slava - PT

Digital Signature on 3/26/2009 at 2:44:39 PM by: Nestor, Slava - PT

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Note for Rita Baytsayeva on 3/30/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 3/30/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient complains of difficulty with mobility. The patient reports persistent pain of 4/10.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

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Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____ Nestor, Slava - PT
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Coordination:

Posture is normal/erect (score = 0).

Pronation and supination of each hand is normal. (score = 0)

Finger-nose pointing test is normal. Heel to shin test is normal.

Gait:

Patient is able to walk with a normal gait (score = 0).

Meningeal signs:

Meningeal signs are negative. Brudzinski's sign negative. Kernig's sign negative.

Abnormal involuntary movements:

Abnormal involuntary movements are absent

Musculoskeletal examination:

Examination of the back reveals cervical and lumbar right and left paraspinal tenderness and muscle spasms.

Neck ROM shows normal flexion, normal extension, normal Rotation, normal Lat. Flexion.

Cervical compression test is negative.

Thoracic spine ROM within normal limits.

Range of motion: Lumbar sacral spine ROM shows decreased flexion, decreased extension, decreased R Tilt, decreased R Rotation.

All joints tested exhibit normal range of motion without pain.

Median nerve compression tests at the wrist are normal.

Ulnar nerve compression tests are normal.

Impression: Postconcussion syndrome. No evidence of partial complex events. Adjustment disorder with depression. Cervical radiculopathy. Lumbar radiculopathy vs right sciatic nerve injury.

PLAN and ORDERS: Increase Lexapro to 10 mg po qd .Continue PT .

Tests: EMG and nerve conduction studies lower extremities. Ordered MRI of the L-S spine.

Physical therapist order to evaluate and treat patient 3 times a week for 4 weeks

Continue physical therapy treatment 3 times a week for 4 weeks

Return to the office in 1 month(s).

Test Results Reviewed:

Tests Performed: Needle electromyography performed on 2 extremities and related paraspinal areas. Performed: nerve conduction - amplitude and latency/velocity on each nerve; motor with F-wave study and including sensory.

Disability status: Patient

Is totally disabled.

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Note for Rita Baytsayeva on 3/23/2009 - Chart 4651730

Advanced Medical Care, PLLC
1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900, Fax: 718-998-9868

Physical Therapy Follow Up

Patient: BaytsayevaRita. **Date of visit:** 3/23/2009

Radiculopathy-Cervical (723.4*) (Brachial neuritis or radiculitis) and Radiculopathy (724.4)-Lumbar/Thoracic.

Subjective: The patient complains of difficulty with mobility. The patient reports pain exacerbation to 4-5/10 after some activities.

Objective: Tenderness neck extensors, suboccipital area

Physical therapy treatment include(s) the following:

Supervised electrical stimulation applied for 20 min using:

TENS mode.

Hot packs. Time 20 min.

Myofascial release.

Neuromuscular reeducation performed that consists of

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UBE (program - manual), time - 6 min, level - 1.

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Applied ultrasound (time - 5 min, intensity - 1.5 W/cm.sq).

Assessment: Patient respond to the treatment well. Patient was instructed to proper body mechanics and Patient was instructed for home exercise program.

Plan: Continue treatment as planned. .

Precautions: Universal.

Additional Comments: ???

Signature of attending Physical Therapist: Slava Nestor, PT

Signed by _____

Nestor, Slava - PT

Digital Signature on 3/23/2009 at 4:04:07 PM by: Nestor, Slava - PT

Note for Rita Baytsayeva, female. DOB: 10/28/1961. Chart # 4651730

Advanced Medical Care, PLLC

1725 East 12th Street, Suite 501, Brooklyn, NY 11229

Telephone: 718-998-9900 Fax: 718-998-9868

Marina Neystat, MD

Diplomate of American Board of Neurology & Psychiatry

Neurology Follow up

Patient: Baytsayeva, Rita, 10/28/1961, 4651730, DOA.01/04/2008. Date of visit: 4/2/2009

CHIEF COMPLAINT and HPI: Patient present today reports that right leg pain is at the level of 7/10 with radiation to the right foot. Symptoms described as burning, sharp & moderate. The present condition is associated with back stiffness. The following factors aggravates symptoms: bending & prolonged positioning. Neck pain & low back pain has been improved partially. Pain is at the level of 6/10. Patient reports partial improvement with physical therapy. Intermittent vertigo has remained unchanged.

She continues c/o short term memory loss, confusion, inability to sleep. She continues having episodes of confusion and disorientation. She feels less anxious & headaches have been partially improved with Lexapro. She is not working at the time.

Patient was a pedestrian crossing the street and was hit by the car. She was working at the time. She hit her head, low back and shoulders.

Prior diagnostic studies include(s):

MRI: Brain reveals no evidence of disease. MRI of the L-Spine: Left paracentral herniation at L1-L2 with mild spinal stenosis. EMG & NCV LE: L5-S1 radiculopathy on the right.

Past Medical History (PMH): Past medical history is unremarkable.

Past Surgical History (PSH): No previous surgeries.

Family History: Patient/Guardian admits a family history of diabetes, arthritis mother.

Medication History: Active: Lexapro -Imported- 10 mg Tablet (active); usage started on 2/23/2009 medication was prescribed by Neystat, Marina MD.

Allergies: Allergies: No known medical allergies.

Social History: Admits: Marital status: single, Employment status: currently unemployed.

Denies: tobacco use, alcohol use.

Review of System: Respiratory: (+) unremarkable, **Psychiatric:** (+) depression,

Neurological: (+) numbness in hands, (+) tingling in hands, (+) weakness, (+) headache,

Musculoskeletal: (+) arm pain, **Integumentary:** (+) unremarkable, **Hematologic / Lymphatic:**

(+) unremarkable, **Genitourinary:** (+) unremarkable, **Gastrointestinal:** (+) unremarkable, **Eyes:**

(+) blurred vision, **Endocrine:** (+) unremarkable, **Ears, Nose, Mouth, Throat:** (+) ringing in

ears, **Constitutional Symptoms:** (+) sleep problems, (+) night sweats, (+) weight gain,

Cardiovascular: (+) chest pain, **Allergic / Immunologic:** (+) unremarkable.

EXAMINATION:

Page: 1

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Vital Signs: BP Sitting: 130/90 HR: 74

General appearance: Patient is a pleasant, 47 year old female in no apparent distress who looks her given age, is well-developed and nourished with good attention to hygiene and body habitus.

Cardiovascular: Cardiovascular and Peripheral Vascular: Heart auscultation reveals: normal S1 and S2 without murmurs, gallop, rubs or clicks, rhythm is regular. Peripheral pulses full to palpation, no varicosities, extremities warm with no edema or tenderness. Carotid pulses are palpated bilaterally and are symmetric, no bruits are auscultated over the carotid and vertebral arteries.

Lungs: Lungs clear to auscultation with no rubs, crackles or wheezing noted

Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

ENT: Inspection of ears reveals no abnormalities.

Extremities exam: Exam reveals no joints abnormalities. Tinel's sign is negative.

Neurological Exam

Mental Status:

Patient's mood is anxious and depressed. Alert, awake, oriented to person, place and time. Immediate, recent and remote memory is intact, patient recalls 3 out of 3 objects at 3 and 5 minutes.

Stream of thought is spontaneous. Attention span and concentration is good. Patient awareness of current events, past history and vocabulary is good. Patient judgment and insight is good. Speech is normal. There was no aphasia or apraxia present. Patient does not exhibit abnormal or psychotic thoughts.

Cranial Nerves:

CN I (olfactory) exam: Test of smell reveals no abnormalities.

CN II (optic) -visual fields exam: Visual fields full to confrontation. Optic discs with normal color, contour and cupping bilaterally with no papilledema.

CN III, IV, VI exam: Pupils are equal round and reactive to direct and consensual light OU.

CN V (trigeminal) sensation exam: Facial sensation is intact in all three distributions of the trigeminal nerve; corneal reflexes normal bilaterally and muscles of mastication are intact and symmetric.

CN VII facial expression exam: Muscles of facial expression are intact and symmetric.

CN VIII hearing exam: Hearing is grossly normal. No nystagmus was noted. Hallpike's test reveals no nystagmus.

CN IX, X gag, speech, swallow exam: Able to taste in the posterior third of tongue. Gag reflex is intact bilaterally with symmetrical elevation of soft palate to phonation.

CN XI (spinal accessory) exam: Sternocleidomastoid and trapezius muscles are symmetric and 5/5 in strength.

CN XII (hypoglossal) exam: The tongue protrudes in the midline

Motor:

Muscle strength is 5/5 for all groups tested.

No atrophy is present in all muscles examined.

Muscle tone is normal.

Pronator drift test reveals same level maintained bilaterally.

Reflexes:

Right Achilles reflex is 1/4. Babinski reflex is absent

Sensation:

Touch, pin, vibratory and proprioception sensations are decreased in the lateral aspect of the right leg.

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Coordination:

Posture is normal/erect (score = 0).

Pronation and supination of each hand is normal. (score = 0)

Finger-nose pointing test is normal. Heel to shin test is normal.

Gait:

Patient is able to walk with a normal gait (score = 0).

Meningeal signs:

Meningeal signs are negative. Brudzinski's sign negative. Kernig's sign negative.

Abnormal involuntary movements:

Abnormal involuntary movements are absent

Musculoskeletal examination:

Examination of the back reveals cervical and lumbar right and left paraspinal tenderness and muscle spasms.

Neck ROM shows normal flexion, normal extension, normal Rotation, normal Lat. Flexion.

Cervical compression test is negative.

Thoracic spine ROM within normal limits.

Range of motion: Lumbar sacral spine ROM shows decreased flexion, decreased extension, decreased R Tilt, decreased R Rotation.

All joints tested exhibit normal range of motion without pain.

Median nerve compression tests at the wrist are normal.

Ulnar nerve compression tests are normal.

Impression: Postconcussion syndrome. Adjustment disorder with depression. Cervical radiculopathy. Lumbar radiculopathy.

PLAN and ORDERS: ContinuePT, Lexapro 10 mg po qd . Start Lyrica & titrate slowly to 75mg po bid.

Tests:

Continue physical therapy treatment 3 times a week for 4 weeks

Return to the office in 1 month(s).

Test Results Reviewed:

Tests Performed:

Disability status: Patient

Is totally disabled.

Prescriptions:

Rx: Lyrica- 25 mg Capsule, 3 tab po bid. Dispense: 180 . Refills: 3.

Signed by _____

Neystat, Marina - MD

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Baytsayeva, Rita 4/2/2009 - 4651730

Marina Neystat MD

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Note for Rita Baytsayeva, female. DOB: 10/28/1961. Chart # 4651730

Advanced Medical Care, PLLC

1725 East 12th Street, Suite 501, Brooklyn, NY 11229
Telephone: 718-998-9900 Fax: 718-998-9868

Marina Neystat, MD
Diplomate of American Board of Neurology & Psychiatry

Neurology Follow up

Patient: Baytsayeva, Rita, 10/28/1961, 4651730 DOA.01/04/2008. Date of visit: 7/9/2009

CHIEF COMPLAINT and HPI: Patient stated since last visit she had a trial of epidural steroids injection. She states that was not helpful. At the present time she c/o low back pain radiating down her right leg, pain at the level of 7/10 with radiation to the right foot. Symptoms described as burning and sharp. The present condition is associated with back stiffness. The following factors aggravates symptoms: bending & prolonged positioning. Neck pain have reoccurred. Pain is at the level of 8/10. Patient reports partial improvement with physical therapy. Intermittent vertigo has remained unchanged.

She continues c/o short term memory loss, confusion, inability to sleep. She continues having episodes of confusion and disorientation. She feels less anxious & headaches have been partially improved with Lyrica. She stopped Lexapro for now. She is not working at the time. Patient reports that her symptoms started since she was a pedestrian crossing the street and was hit by the car. She was working at the time. She hit her head, low back and shoulders. Prior diagnostic studies include(s):

MRI: Brain reveals no evidence of disease. MRI of the L-Spine: Left paracentral herniation at L1-L2 with mild spinal stenosis. EMG & NCV LE: L5-S1 radiculopathy on the right.

Past Medical History (PMH): Past medical history is unremarkable.

Past Surgical History (PSH): No previous surgeries.

Family History: Patient/Guardian admits a family history of diabetes, arthritis mother.

Medication History: Active; Lyrica -Imported- 25 mg Capsule (3 tab po bid) (active); usage started on 4/4/2009 and usage stopped on 4/4/2009 medication was prescribed by Neystat, Marina MD, Tramadol -Pain & Pyrexia Meds- 50 mg tablet (One PO BID PRN) (active).

Allergies: Allergies: No known medical allergies.

Social History: Admits: Marital status: single, Admits: Employment status: currently unemployed, Denies: tobacco use; Denies: alcohol use.

Review of System: Respiratory: (+) unremarkable, Psychiatric: (+) depression,

Neurological: (+) numbness in hands, (+) tingling in hands, (+) weakness, (+) headache,

Musculoskeletal: (+) arm pain, Integumentary: (+) unremarkable, Hematologic / Lymphatic:

(+) unremarkable, Genitourinary: (+) unremarkable, Gastrointestinal: (+) unremarkable, Eyes:

(+) blurred vision, Endocrine: (+) unremarkable, Ears, Nose, Mouth, Throat: (+) ringing in

ears, Constitutional Symptoms: (+) sleep problems, (+) night sweats, (+) weight gain,

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Baytsayeva, Rita 7/9/2009 - 4651730

Marina Neystat MD

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DIAGNOSTIC IMAGING, PC.

Radiologists Affiliated With Beth Israel Medical Center

424 East 89th Street
New York, NY 10138
212-410-5100
Fax: 212-410-2500

RADIOLOGY REPORT

NAME	MR#	LOC	DOB	ACC
BAYTSAYEVA, RITA		98	Oct-28-1961	948979

EXAM: MRI BRAIN WO & W CONTRAST

DATE OF EXAM: Feb-13-2009 Requesting MD: NEYSTAT, MARINA MD

Clinical indication: Post concussion syndrome

Technique: Examination consists of axial T1, T2, FLAIR and diffusion weighted images of the brain. Post gadolinium axial, sagittal and coronal T1 weighted images of the brain were included.

No prior studies are available for comparison.

Findings:
There are a few scattered punctate foci of increased T2 signal in the subcortical white matter, a nonspecific pattern which may be seen in a setting of chronic migraines, or which may represent early microvascular ischemic changes. The distribution is not typical for demyelinating disease.

There is no abnormal parenchymal or extraaxial enhancement. The ventricles and sulci are normal for age. The vascular flow voids are normal. There is no extra-axial collection. There is no evidence of recent infarct. There is no susceptibility artifact to suggest the presence of parenchymal calcifications or blood products. The pituitary gland is not enlarged. The cerebellar tonsils are in normal position.

The visualized paranasal sinuses and mastoid air cells are clear.

Impression:
Nonspecific mild white matter signal abnormalities as described above. Otherwise normal post contrast MRI of the brain.

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App 2/23/09 12:45

Sensation:

Touch, pin, vibratory and proprioception sensations are decreased in the lateral aspect of the right leg.

Coordination:

Posture is normal/erect (score = 0).

Pronation and supination of each hand is normal. (score = 0)

Finger-nose pointing test is normal. Heel to shin test is normal.

Gait:

Patient is able to walk with a normal gait (score = 0).

Meningeal signs:

Meningeal signs are negative. Brudzinski's sign negative. Kernig's sign negative.

Abnormal involuntary movements:

Abnormal involuntary movements are absent

Musculoskeletal examination:

Examination of the back reveals cervical and lumbar right and left paraspinal tenderness and muscle spasms.

Neck ROM shows normal flexion, normal extension, normal Rotation, normal Lat. Flexion.

Cervical compression test is negative.

Thoracic spine ROM within normal limits.

Range of motion: Lumbar sacral spine ROM shows decreased flexion, decreased extension, decreased R Tilt, decreased R Rotation.

All joints tested exhibit normal range of motion without pain.

Median nerve compression tests at the wrist are normal.

Ulnar nerve compression tests are normal.

Impression: Postconcussion syndrome. Adjustment disorder with depression. Cervical radiculopathy, Lumbar radiculopathy severe exacerbation..

PLAN and ORDERS: Restart PT. continue Lyrica 75mg po bid.

Tests: Physical therapist was given orders to evaluate patients condition and treat accordingly.

Return to the office in 1 month(s).

Test Results Reviewed:

Tests Performed:

Disability status: Patient

Is totally disabled.

Prescriptions:

Rx: Lyrica- 25 mg Capsule, 3 tab po bid. Dispense: 180 . Refills: 3.

Cardiovascular: (+) chest pain, **Allergic / Immunologic:** (+) unremarkable.

EXAMINATION:

Vital Signs: BP Sitting: 131/90 HR: 74 Height: 5 ft. 4.000 in. Weight: 193 lbs. BMI: 33

General appearance: Patient is a pleasant, 47 year old female in no apparent distress who looks her given age, is well-developed and nourished with good attention to hygiene and body habitus.

Cardiovascular: Cardiovascular and Peripheral Vascular: Heart auscultation reveals: normal S1 and S2 without murmurs, gallop, rubs or clicks, rhythm is regular. Peripheral pulses full to palpation, no varicosities, extremities warm with no edema or tenderness. Carotid pulses are palpated bilaterally and are symmetric, no bruits are auscultated over the carotid and vertebral arteries.

Lungs: Lungs clear to auscultation with no rubs, crackles or wheezing noted

Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

ENT: Inspection of ears reveals no abnormalities.

Extremities exam: Exam reveals no joints abnormalities. Tinel's sign is negative.

Neurological Exam

Mental Status:

Patient's mood is anxious and depressed. Alert, awake, oriented to person, place and time. Immediate, recent and remote memory is intact, patient recalls 3 out of 3 objects at 3 and 5 minutes.

Stream of thought is spontaneous. Attention span and concentration is good. Patient awareness of current events, past history and vocabulary is good. Patient judgment and insight is good. Speech is normal. There was no aphasia or apraxia present. Patient does not exhibit abnormal or psychotic thoughts.

Cranial Nerves:

CN I (olfactory) exam: Test of smell reveals no abnormalities.

CN II (optic) -visual fields exam: Visual fields full to confrontation. Optic discs with normal color, contour and cupping bilaterally with no papilledema.

CN III, IV, VI exam: Pupils are equal round and reactive to direct and consensual light OU.

CN V (trigeminal) sensation exam: Facial sensation is intact in all three distributions of the trigeminal nerve; corneal reflexes normal bilaterally and muscles of mastication are intact and symmetric.

CN VII facial expression exam: Muscles of facial expression are intact and symmetric.

CN VIII hearing exam: Hearing is grossly normal. No nystagmus was noted. Hallpike's test reveals no nystagmus.

CN IX, X gag, speech, swallow exam: Able to taste in the posterior third of tongue. Gag reflex is intact bilaterally with symmetrical elevation of soft palate to phonation.

CN XI (spinal accessory) exam: Sternocleidomastoid and trapezius muscles are symmetric and 5/5 in strength.

CN XII (hypoglossal) exam: The tongue protrudes in the midline

Motor:

Muscle strength is 5/5 for all groups tested.

No atrophy is present in all muscles examined.

Muscle tone is normal.

Pronator drift test reveals same level maintained bilaterally.

Reflexes:

Right Achilles reflex is 1/4. Babinski reflex is absent

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New York, NY 10128
212-410-5100
Fax: 212-410-2500

RADIOLOGY REPORT

NAME

BAYTSAYEVA, RITA

MR#

LOC
98

DOB

Oct-28-1961

Page 2

ACC

948979

EXAM: MRI BRAIN WO & W CONTRAST

DATE OF EXAM: Feb-13-2009 Requesting MD: NEYSTAT, MARINA MD

Daniel Meltzer, MD (RAD) /signed by/ Daniel Meltzer, MD (RAD)

Dictated on:

Transcribed on: Feb-13-2009 3:01 PM by Commisure Interface

Finalized on: Feb-13-2009 3:01 PM by Commisure Interface

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MARINA NEYSTAT, M.D.

Neurology

Patient: Rita Baytsayeva	DOB: 10/28/1961	Physician: M.Neystat,M.D.
Sex: Female	Height:	Ref Phys:
ID#:	Weight:	Technician:

LIMB TEMPERATURE:

Limb temperature maintained above 32 C for upper extremities and 30 C for lower extremities.

REASON FOR TEST:

Rule out right sided lumbar radiculopathy versus right sciatic nerve injury.

CHIEF COMPLAINTS:

Patient is a 47 year old Female who presents with low back pain, right leg pain and burning sensation radiating down to the right foot, as well as back stiffness. These symptoms have been present for 1.5 month.

PHYSICAL EXAM:

Manual muscle testing revealed 5/5. DTR were 2+ and symmetric except right ankle reflex was decreased to 1+. Sensation testing revealed decreased light touch and pin prick in the lateral aspect of the right leg.

EMG & NCV FINDINGS:

Evaluation of the Right Tibial Motor nerve showed prolonged distal onset latency (5.5 ms). All remaining nerves (as indicated in the NCV tables) were within normal limits

All F Wave latencies were within normal limits. All F Wave left vs. right side latency differences were within normal limits. All H Reflex left vs. right side latency differences were within normal limits.

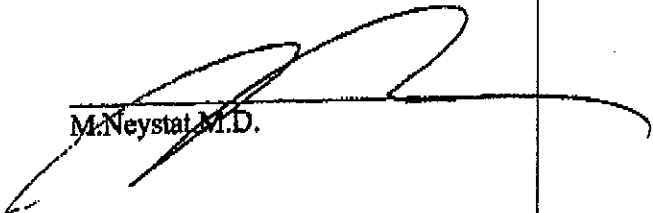
EMG needle evaluation of the Right MedGastroc and the Right LatGastroc showed increased Ins Act and moderately increased spontaneous activity. All remaining muscles (as indicated in the EMG scoring table) showed no evidence of electrical instability.

IMPRESSIONS:

The above electrodiagnostic study reveals evidence of lumbar L5 - S1 radiculopathy on the right.

Thank you for the courtesy of this referral.

Sincerely,


M.Neystat,M.D.

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Nerve Conduction Studies

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Peroneal Motor (Ext Dig Brev)											
Ankle		2.7	<5.5	4.1	>2.5	B Fib	Ankle	7.0	34.0	48.6	>40
B Fib		9.7		2.8							
Right Peroneal Motor (Ext Dig Brev)											
Ankle		2.3	<5.5	6.6	>2.5	B Fib	Ankle	7.1	34.0	47.9	>40
B Fib		9.4		5.2							
Left Tibial Motor (Abd Hall Brev)											
Ankle		3.0	<5.5	11.8	>3	Poplit	Ankle	8.9	38.0	42.7	>41
Poplit		11.9		1.4							
Right Tibial Motor (Abd Hall Brev)											
Ankle		5.5	<5.5	7.5	>3	Poplit	Ankle	7.5	38.0	50.7	>41
Poplit		13.0		2.5							

Sensory Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (µV)	Norm P-T Amp	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Sup Peron Sensory (Ant Lat Mall)											
Low Leg		3.1	<4	7.7	>5.0	Low Leg	Ant Lat Mall	3.1	14.0	45.2	
Right Sup Peron Sensory (Ant Lat Mall)											
Low Leg		2.3	<4	32.0	>5.0	Low Leg	Ant Lat Mall	2.3	14.0	60.9	
Left Sural Sensory (Lat Mall)											
Calf		2.7	<3.3	11.4	>5.0	Calf	Lat Mall	2.7	14.0	51.9	>41
Right Sural Sensory (Lat Mall)											
Calf		2.3	<3.3	6.3	>5.0	Calf	Lat Mall	2.3	14.0	60.9	>41

F Wave Studies

NR	F-Lat (ms)	Lat Norm (ms)	L-R F-Lat (ms)	L-R Lat Norm	M-Lat (ms)	F-Lat-MLat (ms)
Left Peroneal (Mkrs) (EDB)						
	44.10	<60	2.76	<4	2.84	41.26
Right Peroneal (Mkrs) (EDB)						
	46.86	<60	2.76	<4	2.84	44.02
Left Tibial (Mkrs) (Abd Hallucis)						
	49.53	<61	1.67	<4	3.18	46.35
Right Tibial (Mkrs) (Abd Hallucis)						
	51.20	<61	1.67	<4	4.18	47.02

H Reflex Studies

NR	H-Lat (ms)	L-R H-Lat (ms)	L-R Lat Norm	M-Lat (ms)	H-Lat-MLat (ms)
Left Tibial (Gastroc)					
	29.84	0.19	<1.5	4.41	25.43
Right Tibial (Gastroc)					
	30.03	0.19	<1.5	4.41	25.62

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Paw	Amp	Dur	Poly	Recr	Int Pat	Comment
Right	MedGastroc	Tibial	S1-2	Inc	0	2+	Nml	Nml	Nml	Nml	Complete	
Right	LatGastroc	Tibial	S1-2	Inc	0	2+	Nml	Nml	Nml	Nml	Complete	
Right	Peroneus Long	Sup Br Peron	L5-S1	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Right	AntTibialis	Dp Br Peron	L4-5	Nml	0	0	Nml	Nml	Nml	Nml	Complete	
Right	VastusMed	Femoral	L2-4	Nml	0	0	Nml	Nml	Nml	Nml	Complete	

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09/17/2009 17:31 FAX

Patient: Baytsayeva, Rita

Test Date: 2/23/2009

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Right	VastusLat	Femoral	L2-4	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Right	BicepsFemL	Sciatic	L5-S2	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Right	BicepsFemS	Sciatic	L5-S1	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Left	MedGastroc	Tibial	S1-2	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Left	LatGastroc	Tibial	S1-2	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Left	Peroneus Long	Sup Br Peron	L5-S1	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Left	AntTibialis	Dp Br Peron	L4-5	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Left	VastusMed	Femoral	L2-4	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Left	VastusLat	Femoral	L2-4	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Left	BicepsFemL	Sciatic	L5-S2	Nml	0	0	Nml	Nml	Nml	Nml	Complete
Left	BicepsFemS	Sciatic	L5-S1	Nml	0	0	Nml	Nml	Nml	Nml	Complete

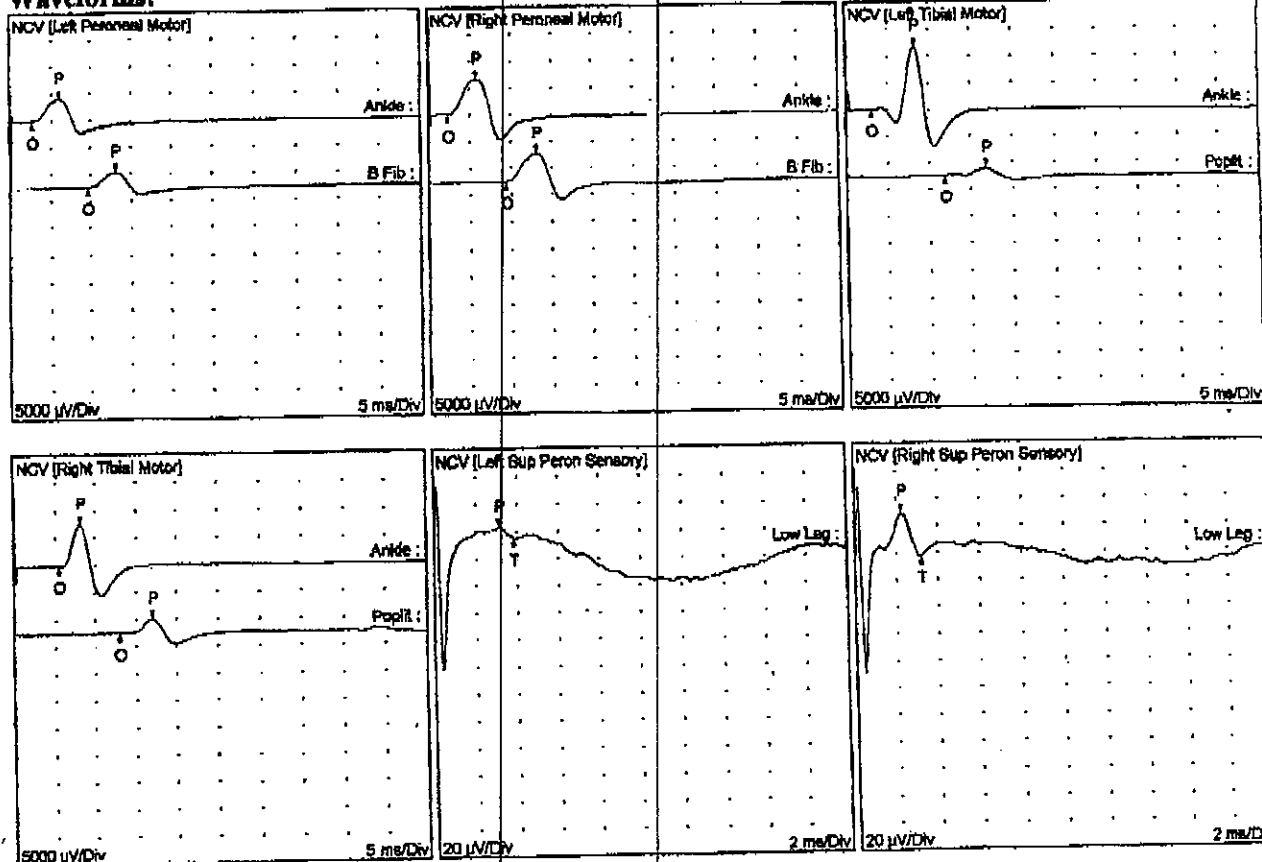
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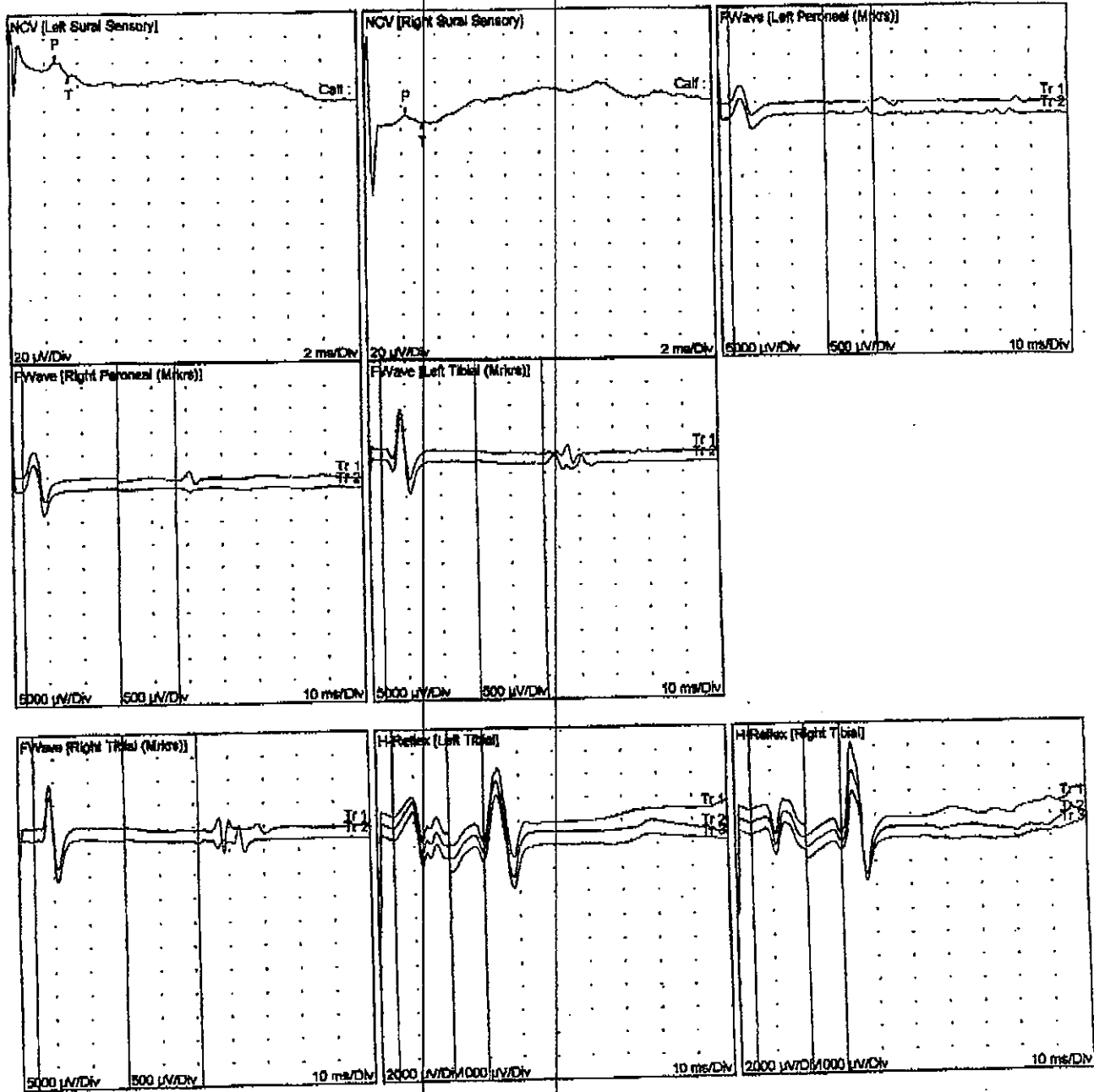
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AFFIDAVIT OF SERVICE

STATE OF NEW YORK)

COUNTY OF NEW YORK) ss.:

TARA M. SACCARECCIA, being duly sworn, deposes and says: I am not a party of this action, I am over 18 years of age, and I reside in Valley Stream, New York.

That on December 30, 2010, I served the within **NOTICE OF MOTION, AFFIRMATION IN SUPPORT, MEMORANDUM OF LAW, and LOCAL 3 (g) STATEMENT** by mailing a copy to each of the following persons at the last known address set forth after each name below:

To: Martin Druyan, Esq.
Attorney for Plaintiff
450 7th Avenue - Suite 704
New York, New York 10123
212-279-5577

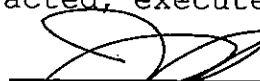
By Regular Mail and Fax to
212-268-2127



TARA M. SACCARECCIA

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss.:

On the 30th day of December in the year 2010 before me, the undersigned, a Notary Public in and for said State, personally appeared **TARA M. SACCARECCIA** personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.


NOTARY PUBLIC

JOHN M. DOWNING, JR.
Notary Public, State of New York
No. 8046-0877
Qualified in Nassau County
Commission Expires January 27, 20 11

○

○